

Castle Bromwich Dental Partnership

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Inspection Report

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Overall summary

We carried out this announced inspection on 1 October 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. In addition, there was a newly recruited specialist dental adviser who attended the inspection.

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

Castle Bromwich Dental Partnership is in Castle Bromwich in Birmingham and provides NHS and private treatment to adults and children.

Summary of findings

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

The dental team includes five dentists, six dental nurses (one of whom was the practice manager), two dental hygienists, one dental hygiene therapist and one receptionist. The practice has four treatment rooms and a separate room for carrying out the decontamination of instruments.

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 Castle Bromwich Dental Partnership is the senior partner.

We sent 50 comment cards in advance of our visit to the practice for patients to complete. On the day of inspection, we collected 41 CQC comment cards that had been filled in by patients. This represented an 82% response rate.

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

The practice is open:

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance. Improvements were made to strengthen processes within 48 hours of our inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a few items. These were ordered promptly.
- The practice had systems to help manage risk to patients and staff. Some necessary improvements were identified.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider had staff recruitment procedures. Improvements were needed to ensure the availability of complete immunisation records for all clinical staff members and the completion of essential pre-employment checks.
- 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 provided preventive care and supported 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.

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

- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, staff should follow decontamination processes and validation processes as outlined in current guidance.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensuring that essential electrical safety checks are completed.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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

The practice had 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. Safeguarding contact details were displayed in the waiting room. 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 provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The practice had a whistleblowing policy which was clearly displayed for staff. It included both internal and external contact details for reporting any concerns. 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. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record.

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

There was no recruitment policy to help with processes when employing staff. We reviewed three recruitment records and found that all necessary documents were present apart from evidence of satisfactory conduct and Disclosure and Barring Service (DBS) checks. We spoke with the registered manager and they explained that the staff members were recommended to the practice by colleagues and that verbal references had been sought; however,

these were not documented. We also found that the practice did not have written risk assessments for staff who did not hold recent DBS checks; these were forwarded to us after our visit. Within 48 hours, the practice also sent us evidence of a completed recruitment policy which included all relevant information. Following our visit, the registered manager told us that all staff now had recent DBS checks that were stored in the individual's personnel file. They told us they would ensure they adhere to their recruitment policy for all new starters.

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

Staff 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 gas safety certificate and portable appliance tests. The registered manager did not have evidence of a fixed wiring electrical test. They told us that an electrician attended the practice within one week of our visit and advised the replacement of four fuse boxes. The registered manager was advised this would require closure of the practice and the registered manager made the decision to complete this in December 2019, when it would have less of an impact on patient care.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We saw evidence that fire safety had been discussed in a staff meeting in July 2019. Staff also carried out regular tests on the equipment which was logged.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was 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 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 policies, 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 regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

We reviewed staff vaccination records and found that the principal dentist had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that most staff had received the vaccination and the effectiveness of the vaccination had been checked. However, the immunisation records were missing for one staff member and incomplete for another person. We found that risk assessments had not been completed where there were gaps in assurance around this. The registered manager told us they had arranged for blood tests and informed us that both staff members were immune.

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 with the exception of a few items. There was no paediatric self-inflating bag or associated clear face masks. Oropharyngeal airways were present but they were undated and not bagged. There was also one size missing (it is recommended that dental practices hold five different sizes but the practice had four). One medicine was refrigerated but the fridge temperature was not monitored to ensure that the medicine was stored within the recommended parameters. Staff kept records of the regular checks of the emergency equipment and medicines to make sure these were available, within their expiry date, and in working order. Within two working days, the registered manager informed us they had ordered a thermometer and forwarded log sheets to us to demonstrate they were now logging the fridge temperature daily. They also forwarded an invoice to us which showed they had ordered the missing items of equipment.

A dental nurse worked with the dentists and the dental hygienists/hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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 (HTM 01-05) published by the Department of Health and Social Care; however, we identified some necessary improvements. Staff completed infection prevention and control training and received updates as required.

The registered manager had arrangements for transporting, cleaning, checking, sterilising and storing instruments and most of these were in line with HTM 01-05. It is recommended that instruments are inspected using an illuminated magnifier prior to sterilisation but staff were not using this. It is also advised to use detergents specifically formulated for the manual cleaning of instruments but staff used a chlorhexidine hand scrub. The water temperature should be checked to ensure it remains within the recommended parameters but this was not carried out. Staff wore the appropriate personal protective equipment (PPE) during the decontamination process such as eye protection, gloves and appropriate footwear. However, we noted that the dental nurse did not wear a disposable apron during the decontamination process that we observed. The registered manager took action and implemented a daily checklist for staff to use which would prompt them to check the correct detergent was used and the water temperature was correct for manual cleaning. The registered manager told us that details of the decontamination procedure were displayed in the decontamination room after our visit which would serve as a reminder for staff to wear the correct PPE and to use the correct equipment. A photograph of a staff member wearing the correct PPE was also forwarded to us.

The records did not fully demonstrate that the equipment used by staff for cleaning and sterilising instruments was

Are services safe?

validated, maintained and used in line with the manufacturers' guidance. The ultrasonic cleaning bath was not covered with a lid whilst in use. We saw evidence that daily checks were carried out on the ultrasonic cleaning bath but no weekly or quarterly checks. There were three autoclaves and we saw that all had been appropriately serviced. However, validation processes were not carried out for every sterilisation cycle. Following our visit, the registered manager informed us that the ultrasonic cleaning bath had been decommissioned. We also saw evidence of log sheets that had been developed to record essential parameters for each sterilisation cycle as part of the validation process.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We reviewed four treatment rooms and found that surfaces were clean and intact and they were zoned appropriately. We found that instruments were stored appropriately. Some dental materials had expired. We found that the flooring in two treatment rooms was not appropriately sealed and this could make effective cleaning difficult.

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

We saw staff 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. Some records of the water quality checks were not available but staff told us these were carried out in line with the manufacturer's instructions.

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

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that the containers for storing used sharp instruments did not have a recorded date of opening. The waste acceptance audit had expired.

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

The practice stored NHS prescriptions as described in current guidance. Staff recorded details of prescriptions within the patients' records. However, improvements could be made to the current process for tracking the prescription pads and individual prescriptions. Following our visit, the registered manager forwarded evidence of new log sheets which were comprehensive.

Antimicrobial prescribing audits had not been carried out to ensure dentists were prescribing according to national guidelines. Following our visit, the registered manager sent us evidence that they had completed an audit with a resultant action plan and learning outcomes.

Track record on safety and Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording all details of the incidents to support future learning. Staff

Are services safe?

described learning from accidents that had taken place but these had not been documented. The registered manager forwarded us some comprehensive incident template forms which would be used to record incidents in future.

There was a system for receiving and acting on safety alerts. Staff 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

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

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.

The practice offered orthodontic treatment on a private basis to its patients.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

We received positive feedback from 41 patients about treatment received. Patients described the treatment they received as "excellent" and "amazing". Some patients told us they had been attending the practice for many years and had recommended it to their family and friends.

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.

Staff were 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 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.

Records showed 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

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

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

Written treatment plans with costs were given to patients.

The practice's consent policy included information about the Mental Capacity Act (MCA) 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. Staff we spoke with were also aware of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. We saw evidence that staff had completed training in the MCA 2005. It was also discussed in staff meetings.

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 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. For example, the practice manager was a qualified dental nurse and was also enrolled on an approved training course in leadership and management.

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

Staff discussed their training needs at annual appraisals and informally. 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

The provider 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.

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were kind, caring and professional. 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. Patients could choose whether they saw a male or female dentist. 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.

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

Privacy and dignity

Staff 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 limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. Staff told us they also took telephone calls into the office when patients had requested more privacy when calling the practice. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff protected patients' electronic care records with a password 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 is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpretation services were not available for patients who did not speak or understand English. Patients were told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Urdu, Bengali, Punjabi and Latvian. Within two working days, the registered manager forwarded us information about interpreter services which were now available in the practice reception area.
- Staff communicated with patients in a way that they could understand.

Staff 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 dentist described to us the methods they used to help patients understand treatment options discussed. These included models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 anonymised 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.

The computer system at the practice had a feature that enabled nervous patients to be identified quickly by all staff. This would enable staff to adapt their approach, if deemed appropriate and necessary.

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

The practice had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that the receptionist would chat with nervous patients and try to put them at ease by explaining the next steps. Follow up calls were made for anxious patients too.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet facilities. Staff described how they assisted patients with visual impairments, for example, by helping them complete paperwork in a confidential area such as in the treatment room. A hearing induction loop was not available but staff were able to communicate by lip reading and by speaking face to face. The reception area had a dedicated area at a lower level so that staff could talk at eye level with patients in wheelchairs. Written material was available in large print for patients with visual impairments.

A disability access audit had not been completed to help continually improve access for patients. The registered manager forwarded a completed audit within two days of our visit. This was due for review in 12 months.

The practice sent appointment reminders via text message to all patients that had consented.

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.

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 beyond their scheduled appointment time.

The dentists took part in an emergency on-call arrangement for patients that had registered as private patients under its monthly payment plan. All other patients requiring urgent dental care were referred to the NHS 111 out of hours service.

The practice's 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 said that the appointment system was efficient. Some feedback from patients mentioned they had to wait beyond their allocated appointment time.

Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff on how to handle a complaint. Information was available in the waiting room that explained how patients could 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.

Are services responsive to people's needs?

(for example, to feedback?)

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 in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The partners were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

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

Vision and strategy

The practice aims and objectives were to promote good oral health to all patients and to focus on the prevention of dental disease.

The practice aimed to provide high quality dental care and to involve other professionals in the care of their patients where appropriate.

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.

We saw the provider had systems in place to deal with staff poor performance.

Some staff we spoke with were not aware of the requirements of the Duty of Candour. This requires staff to demonstrate openness, honesty and transparency with patients. Although some of the staff were not aware of the requirements of this regulation, we were told they worked alongside its principles. Within 48 hours of our visit, the registered manager developed a written policy with details of this regulation and informed us that this would be discussed in the next staff meeting.

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

Governance and management

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

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

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

We saw there were processes for managing risks, issues and performance. We identified some necessary improvements and the registered manager acted promptly to resolve shortfalls.

Practice meetings for all staff were held on a monthly basis where learning was disseminated. Staff told us they were encouraged to give feedback and raise any concerns they might have during these meetings.

Appropriate and accurate information

Staff 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 provider 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

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

The registered manager used patient surveys and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Examples included the décor at the practice when redecorating and the introduction of dedicated slots in the dentists' appointment books for patients requiring urgent dental treatment. We saw evidence that these were discussed during staff meetings.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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. One example included a pay rise for staff. Annual team-building days were enjoyed by staff and they felt involved in this process.

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 registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the practice manager was a qualified dental nurse and was also enrolled on an approved training course in leadership and management.

All staff apart from the dentists and practice manager had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The practice manager told us that they participated in informal appraisals with the registered manager.

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.