

Mr Navjit Singh Malhi

Canley Dental Surgery

Inspection Report

5 Mayors Croft
Canley
Coventry
West Midlands
CV4 8FF

Tel: 02476 466793

Website: www.canleydentalsurgery.co.uk

Date of inspection visit: 18 June 2019

Date of publication: 11/07/2019

Overall summary

We carried out this announced inspection on 18 June 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.

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

Canley Dental Surgery is in Canley, Coventry and provides NHS and private treatment to adults and children.

There is a small step into the building which makes access difficult for people who use wheelchairs and those with pushchairs. Patients are advised of the step upon initial contact with the practice and the provider has plans in place to improve accessibility. Car parking spaces, including one space on the practice driveway for blue badge holders, are available near the practice.

Summary of findings

The dental team includes the principal dentist, two dental nurses, one trainee dental nurse and one dental hygienist. All of the nurses are also trained to carry out reception duties. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 18 CQC comment cards filled in by patients and spoke with one patient.

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

The practice is open:

Monday to Friday from 9am to 5.30pm.

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. Safeguarding contact details and flow charts were displayed in the waiting room and staff kitchen.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment mostly in line with current guidelines. Clinical records

did not detail the risks and benefits of treatment options discussed with patients. The clinical notes template was updated within 48 hours of our inspection to rectify this.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. Due to the waiting room being within the reception area a notice was displayed in the waiting room advising patients that a private room could be made available for sensitive discussions.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients could access routine treatment and emergency care when required.
- The provider had effective leadership and 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. Feedback from patients was overwhelmingly positive with patients advising that the team were caring, and they always received high quality treatment.
- 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:

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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 people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding contact details were available in the policy file, the staff kitchen and in the reception area.

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.

The practice held NHS prescriptions, however we found that improvement was required in ensuring that they could be tracked, monitored and stored securely. During our inspection, the practice updated their processes to rectify this.

No action



Are services effective?

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

The principal dentist assessed patients' needs and provided care and treatment mostly in line with recognised guidance. However, they did not detail the risks and benefits of treatment options discussed with patients. The clinical notes template was updated within 48 hours of our inspection to rectify this.

Patients described the treatment they received as perfect, straight forward and excellent. Patients told us that the dentist explained everything clearly and in detail, so they could give informed consent. We saw that this was recorded in the patients' clinical care records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online referral system was used to monitor and track outgoing referrals. In house referrals were made to the practice's dental hygienist.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. The provider was supporting the trainee dental nurse to become qualified at the time of our visit.

The principal dentist was involved in quality improvement initiatives such as peer review as part of their approach in providing high quality care.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 19 people. Patients were positive about all aspects of the service the practice provided. They told us staff were knowledgeable, caring and very friendly. Several patients commented that the team were professional and always willing to help. One patient we spoke with advised that the team were caring and understanding of their needs when they were unable to attend appointments at short notice due to their complex medical conditions.

They said that they were given detailed 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. One comment received from a parent of a child with a learning disability commented that they trusted and felt at ease with the care and treatment received at this practice.

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

We observed reception team members supporting patients in a friendly, supportive and respectful manner. All patients were met in the waiting area and escorted to the treatment room.

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 where possible for patients with a disability and families with children. The practice was located in a bungalow with all services being on ground floor level. However, due to the size of the building the patient toilet was in a small room and therefore not wheelchair accessible. Patients were advised of this when joining the practice. The provider was aware of the building constraints and was in the process of developing plans to improve accessibility for all patients.

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 told us they would respond to concerns and complaints quickly and constructively. The practice had not received any complaints and displayed their complaints procedure in the reception area, on their website and in the patient information leaflet.

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.

No action



Summary of findings

The practice team consisted of the principal dentist, three dental nurses (one of whom was a trainee) and one dental hygienist. The team was small, worked closely with one another had built a supportive working relationship with one another and their patients. There were clearly defined roles and responsibilities and we observed that all team members appreciated and respected one another.

The practice team kept 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. Staff we spoke with told us they enjoyed their work and were proud to work at the practice.

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. Safeguarding contact details were available in the policy file, the staff kitchen and in the reception area. 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 e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system and supporting policy to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of recrimination.

The dentist 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 documented in the dental care record and a risk assessment completed.

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

agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Records showed that fire detection equipment such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Fire drills were completed every six months and when a new staff member had joined the practice. This was last completed in June 2019 and showed that staff evacuated the building in line with the fire policy and procedure.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice used digital X-rays fitted with a rectangular collimator which reduced the dose and scatter of radiation.

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. At the time of our visit one of the dental nurses was in the process of completing a post graduate qualification in 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 regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in the reception area.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Medical scenario training was completed at staff meetings to ensure staff were kept up to date and had the confidence to respond if a medical emergency occurred.

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 the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. A copy of the GDC Standards was displayed in the waiting room to ensure all patients knew what they should expect.

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 agency 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 (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 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. 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.

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 completed in May 2019 showed the practice scored 94% and 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 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 provider 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 held NHS prescriptions; we found improvement was required in ensuring that they could be tracked and monitored. Following our inspection, the practice updated their processes to rectify this.

The principal dentist was aware of current guidance with regards to prescribing medicines.

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

Track record on safety and Lessons learned and improvements

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 18 months there had been two incidents recorded. The incidents were investigated, 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 learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. 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.

The practice had access to digital X-rays to enhance the delivery of care.

The principal dentist was involved in quality improvement initiatives including peer review 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. A copy of the toolkit was filed alongside practice policies for all team members to reference.

The principal dentist 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 clinicians 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 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 principal dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. However, the principal dentist did not record the risks and benefits in the patient's clinical records. The clinical notes template was updated within 48 hours of our inspection to rectify this.

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age 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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The principal dentist 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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, at the time of our visit the provider was supporting the trainee dental nurse to become qualified and one of the dental nurses was completing a radiography qualification.

Are services effective?

(for example, treatment is effective)

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. 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 principal dentist 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.

The practice monitored all referrals through an online referral system to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were knowledgeable, caring and very friendly. Several patients commented that the team were professional and always willing to help.

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. One patient we spoke with advised that the team were caring and understanding of their needs when they were unable to attend appointments at short notice due to their complex medical conditions.

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

Information leaflets, 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. Due to the waiting room being within the reception area a notice was displayed in the waiting room advising patients that a private room could be made

available for sensitive discussions. 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 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 speak or understand English. Patients were told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

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. The principal 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 principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

The trainee dental nurse shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, patients living with dementia and patients with long-term medical conditions. Longer appointments would be scheduled at the end or beginning of a session for any patients that were particularly anxious.

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. A patient told us that the practice was very supportive of their needs and called them before every appointment to ensure that they were well enough to attend.

The practice had made reasonable adjustments where possible for patients with disabilities. These included, a magnifying sheet, a ground floor treatment room and low level area of the reception desk. Large print documents were available upon request. There was a ground floor patient toilet however, due to the size of the room this was not wheelchair accessible. Patients were advised of this when joining the practice.

A disability access audit had been completed in October 2018 and an action plan formulated to continually improve access for patients. The principal dentist advised that they were in the process of purchasing a hearing loop.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff telephoned all patients the day before their appointment as a courtesy appointment reminder.

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 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. 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.

The practice referred patients requiring emergency appointments outside of working hours to the NHS 111 out of hour's 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 had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist had not received any complaints since they had been in post, but told us that they aimed to settle complaints in-house and they would invite 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 and compliments the practice received over the past two years. These showed the practice responded to comments appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated that 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. The principal dentist told us their greatest challenge was the constraints and size of their current premises. They were exploring and developing plans to expand these to accommodate an accessible toilet, a larger waiting room and a second treatment room so that they could provide additional services.

The practice team consisted of the principal dentist, three dental nurses (one of whom was a trainee) and one dental hygienist. The team was small, worked closely together and had built a supportive working relationship with one another and their patients. There were clearly defined roles and responsibilities and we observed all team members appreciated and respected one another.

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

Culture

The practice had a culture of high-quality sustainable care. The practice aim was to make patients visits as comfortable as possible and to carry out any treatment professionally and as pain free as possible. Comments received from patients supported that the practice fulfilled this aim.

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

The practice focused on the needs of patients. Many patients gave examples of where staff had adjusted treatments and lengthened appointments to support their needs.

The provider had processes available to take effective action to deal with poor performance should the need arise.

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 principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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 comment cards, online feedback and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the

Are services well-led?

practice had acted on. For example, the practice had purchased safety goggles with adjustable straps following feedback from a patient that the protective glasses were uncomfortable.

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. Results from May 2019 showed 100% of patients would recommend this practice to friends and family.

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses 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.

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.