

# Alliance Dentistry Limited

# Alliance Dentistry

## Inspection Report

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## Overall summary

We carried out this announced inspection on 19 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 and an additional CQC inspector.

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**

Alliance Dentistry is in Ludlow, South Shropshire and provides private treatment to adults and children. Services provided include orthodontics and implants.

There is level access for people who use wheelchairs and those with pushchairs. Access to the treatment rooms is via stairs or a lift. Designated off road car parking spaces, including one for blue badge holders, are available near the practice.

The dental team includes five dentists, five dental nurses, three dental hygienists, one receptionist, two cleaners and one company secretary. The practice has three treatment rooms.

# Summary of findings

The practice is owned by an organisation 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 Alliance Dentistry is the principal dentist. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we collected 44 CQC comment cards filled in by patients and spoke with one other patient.

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

The practice is open:

Monday to Saturday from 8am to 6pm.

The practice is closed on Sunday.

## **Our key findings were:**

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

- The provider had thorough staff recruitment procedure. As part of the recruitment procedure, a structured induction process was followed for all staff with exception of the most recent two employees. The provider sent us evidence within 48 hours of inspection that the induction process had been completed for all staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The practice offered extended hours appointment opening until 6pm Monday to Friday and opening on Saturdays for patients that preferred to be seen outside of work hours.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- Team work was enhanced by quarterly 'away days'.
- Staff embedded the practice values.
- 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:

- Review the systems for checking and monitoring electrical equipment taking into account current national guidance and ensure that all equipment is well maintained.

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### 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.

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

Premises and equipment were clean and properly maintained. The provider did not provide a five-year fixed wire test certificate or portable appliance testing certificate for all equipment at the time of inspection. These were sent to us following the inspection. 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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and of an exceptional standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



### Are services caring?

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

We received feedback about the practice from 45 people. Of these 45, one was face to face, with the remainder being via CQC comment cards. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, kind and considerate.

They said that they were given excellent treatment, clear explanation of costs and felt involved in treatment plans and said their dentist listened to them. Many patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist, with one anxious patient commenting that they now deem a visit to the dentist as an enjoyable experience.

No action



# Summary of findings

We observed reception team members supporting patients in a respectful, helpful and caring manner. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.

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

## **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. The practice had been thoughtfully designed following relocation to the purpose built premises in 2007. This enabled full access to the facilities for patients in wheelchairs and those with pushchairs with the use of a lift. There was an accessible toilet with baby changing facilities and a low level area on the reception desk for wheelchair users. The practice had access to telephone interpreter services and had arrangements to help patients with sight loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. We saw evidence of improvements to opening hours.

**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 a clear set of visions and values and all the staff had been involved with the development of these.

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, appreciated and cared for. There was a culture which not only promoted development but was inclusive at all staff levels.

The practice team kept complete patient dental care records which were 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. These views were further used to implement positive changes.

**No action**



# Are services safe?

## Our findings

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 all staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns within the practice and to external organisations 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. We saw evidence of the practice caring for these patients with notes seen on patients records which made patient journeys more personal.

The practice had a whistle-blowing policy however we noted that this did not include all external organisation details that staff could report concerns to. The policy was immediately updated to rectify this. Staff told us that they were confident they could raise concerns without fear of reprimand.

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 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 four staff recruitment records. The

records showed two members of staff had not fully completed the recruitment induction process however within 48 hours of inspection we received evidence showing these staff had completed the process.

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

The practice had a process to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Records showed that recommendations made in the 5 years electrical fixed wiring report had not been completed and Portable Appliance Testing (PAT) was overdue for some appliances. We received confirmation of a completion date for this work within 48 hours of inspection.

The practice ensured gas appliances were maintained.

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 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 in respect of dental radiography.

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

### **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.

# 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.

All staff knew how to respond to a medical emergency and completed training in emergency resuscitation and Basic Life Support (BLS) with airway management every year.

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

A dental nurse worked with the dentists and the dental hygienists 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 and agency staff with records showing this had been a single episode within the last 12 months. 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 showed the practice was meeting the required standards.

## **Information to deliver safe care and treatment**

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were digital and 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.

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

## Are services safe?

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. There was an incident policy however this did not include the reporting of near misses. This policy was immediately updated on the day of inspection. 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 no safety incidents.

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. Within the last 12 months there had been one significant event involving potential data breach. This incident was recorded and actioned in accordance with the incident policy, discussed with all staff and we saw evidence of shared learning from the event.

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 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 practice had access to intra-oral cameras to enhance the delivery of care which additionally linked to a screen visible to the patient from the dental chair.

### **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.

One dentist attended local school to discuss oral health with parents and children.

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 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. There were also free toothpaste samples which patients told us they appreciated greatly.

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 dentists and dental hygienists 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

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

### **Consent to care and treatment**

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

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

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

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

### **Monitoring care and treatment**

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

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

### **Effective staffing**



# Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. There was a culture which not only promoted development but was inclusive to staff at all levels. Staff completed annual in-house training in BLS, fire safety and infection control.

The practice had a clear set of visions and values and all the staff had been involved with the development of these.

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. We saw evidence of monthly staff meetings and subsequent minutes seen by all staff. There were daily 'huddles' every morning where staff could raise any issues. There was a communication board in the kitchen which displayed events and notes for the week.

There was a clearly defined management structure and staff felt supported, appreciated and cared for.

Staff new to the practice had a period of induction based on a structured programme. The induction process was followed for all staff with exception of the most recent two employees. The provider later sent us evidence that the induction process had been completed for all staff.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. All staff were given protected time to complete training.

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

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

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

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

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were friendly, kind and considerate. We saw that staff treated patients with dignity, respect and compassion and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and made them feel at ease, especially when they were anxious about visiting the dentist. One anxious patient commented that they now deem a visit to the dentist an enjoyable experience.

Patients 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 were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity. The practice did not allow telephone discussions at the reception desk instead calls were taken in a separate room where they could not be overheard by patients in the waiting room.

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

Staff password protected patients' electronic care records and backed these up daily to secure storage.

### Involving people in decisions about care and treatment

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

requirements under the Equality Act and 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 via telephone interpreter for patients who did not speak or understand English. We saw notices in the reception areas informing patient's translation service were available.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available. We have recommended the practice consider the installation of a hearing loop given the patient demographics.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs or videos to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment. There was a screen visible to the patient from the dental chair.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff allowed longer appointments if needed, for example if a patient had dental phobia. Staff considered individual patient needs for example by turning music off for patients with autism. We saw evidence of staff who had noted a patients' relative became distressed whilst in the waiting room treating that individual with empathy and compassion.

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.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access, an internal lift to the treatment rooms, a magnifying glass and a newly installed accessible toilet with hand rails and a call bell. The accessible toilet had baby changing facilities.

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

Staff telephoned some patients the day before 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 offered extended opening hours and Saturday appointments.

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 staff took part in an emergency on-call arrangement with some other local practices and also referred patients 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 responded to them appropriately to improve the quality of care.

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

The principal dentist 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 over the preceeding 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 the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist 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 and passionate in striving for excellence. They understood the challenges and were addressing them. We saw plans for further development of a treatment room on the ground floor.

The principal dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

The practice had a clear set of visions and values all the staff had been involved with the development of the visions.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### **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. Staff were passionate about delivering high-quality.

The practice focused on the needs of patients.

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. The principal dentist was responsible for the day to day running of the service. The practice secretary provided assistance. 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 staff and patients' views about the service. We saw examples of suggestions from patients which the practice had acted on for example offering extended opening hours later in on weekdays and opening on a Saturday. The practice had also added baby changing facilities into the accessible toilet.

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.

## Are services well-led?

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 whole staff team went on 'away-days' quarterly and did a different team building challenge each time for example outdoor activities.

The whole staff team had annual appraisals. They discussed learning needs, general well being and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We saw evidence that learning needs had been met.

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 and allowed protected time to do this.