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Saving Smiles Rushden

Inspection Report

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Overall summary

We carried out this announced inspection on 6 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 second CQC inspector and 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

The practice is in Rushden, a town located in the county of Northamptonshire. It provides NHS and mostly private treatment to adults and children. Services provided include general dentistry, orthodontics and implants. At the time of our inspection, the practice were not accepting new NHS patients.

There is level access for people who use wheelchairs and those with pushchairs with the use of a portable ramp. The practice does not have car parking facilities; parking is available on street and in local car parks within a short distance. Blue badge holders can park on the driveway in front of the premises.

Summary of findings

The dental team includes three dentists, five dental nurses, one dental hygienist, one dental hygiene therapist, one receptionist and a practice manager. The practice has three treatment rooms, all on ground floor level.

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 63 CQC comment cards filled in by patients. We also received some patient feedback through our website.

During the inspection we spoke with three dentists, three dental nurses and the practice manager. We looked at practice policies and procedures, patient feedback 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; two sizes of oropharyngeal airways were missing from the kit however. We were informed after our inspection that they had been ordered.
- The practice had most systems to help them manage risk to patients and staff. We noted an exception in relation to the non-use of rubber dam, by one member of the team.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice was supported by a dedicated practice manager who split her duties across two sites owned by the provider. 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.
- 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 system for recording, investigating and reviewing less serious untoward incidents and accidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from significant events and complaints to help them improve. We found that processes could be strengthened in relation to accident reporting and identifying less serious untoward incidents.

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

We noted that rubber dam was used by all but one of the dentists. The principal dentist informed us after the inspection that they had taken appropriate action to ensure the risk was managed.

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

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

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

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as outstanding, thorough and impressive.

The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

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

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

Are services caring?

No action

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

We received feedback about the practice from 63 people. We also received positive feedback from patients through the CQC website. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, efficient and non-judgemental.

Several comment cards made reference to the ability of staff who interacted well with children.

Summary of findings

Patients said that they were given helpful, honest and detailed explanations about dental treatment, and said their dentist listened to them and did not rush. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Are services responsive to people's needs?

No action

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

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

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

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

Are services well-led?

No action

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

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

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

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

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice manager was the lead for safeguarding concerns.

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. 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. A pop-up note could be created on patients' records.

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

All but one of the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We were informed by the dentist who did not routinely use rubber dam that they did not use alternative measures. We discussed this with the provider; they told us after the day that action had been taken to mitigate the risk presented by the dentist's non-use of rubber dam.

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 an agreement with two other local practices that could be used in the event of the premises becoming un-useable.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records to check compliance with legislative requirements. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC). Records were available for all but one member of the clinical team to show they had current professional indemnity cover. Following our inspection, we were sent evidence of existing indemnity cover for the staff member.

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 and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw records dated within the previous 12 months.

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. We looked at a radiography audit (October 2018) and found that there was scope to improve how results were analysed to enable the practice to identify any individual practitioner improvement requirements.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed 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.

We noted that the practice had not implemented the safer sharps system, a requirement from EU Directive. They had

Are services safe?

however, taken measures to manage the risks of sharps injuries by staff using a safeguard when handling needles. A sharps risk assessment had been undertaken and was subject to review.

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. For all but two staff members, the effectiveness of the vaccination was checked. The practice manager told us that they would seek to obtain the information for the two staff members and would complete a risk assessment in the interim.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in June 2018.

Emergency equipment and medicines were available as described in recognised guidance. We noted that size 0 and 4 oropharyngeal airways were not held in the kit, however. We were informed after our inspection that an order was placed for the items.

One member of staff kept weekly records of their checks of equipment and medicines to make sure they were available, within their expiry date, and in working order. We found there was scope to improve arrangements to ensure that the items were checked when the nominated staff member was absent from the practice.

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

The provider had most suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. This information was not held for the general cleaning products used within the practice. The practice manager told us that records would be updated.

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. We noted that two of the surgeries required updating as joints on some flooring and walls were not fully sealed. The principal dentist told us they were aware of this and had plans in place to address this.

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.

One of the staff members undertook the general cleaning of the premises. 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 March 2019 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 were complete, legible, kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Are services safe?

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 mostly suitable stock control system of medicines which were held on site. We noted that a log was not maintained to show the running tally of antibiotics held.

The practice ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

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

Antimicrobial prescribing audits were carried out. An audit undertaken by the practice in 2018 had identified where some improvements were required. We saw that findings had been followed up; improvements in prescribing were evident as a result.

Track record on safety and Lessons learned and improvements

There was an accident book held in the practice. We noted two accidents reported since February 2018. Whilst the records demonstrated that action had been taken to report the issues, we did not view records to demonstrate whether any preventative action was required or if any lessons learned were shared amongst all staff.

There was a policy and procedure for significant events. We found that policy required some review as it did not include reference to less serious untoward incidents that may occur. We noted there had been four incidents reported since February 2018. Review of the records showed that issues had been investigated, preventative action taken where appropriate and discussed amongst the team.

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

We received many comments from patients who spoke very positively about the treatment and care they received. Comments included that clinical care was outstanding, thorough, impressive and exemplary.

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 the principal dentist who had undergone appropriate post-graduate training in this speciality.

The practice had access to technology available in the practice, for example, an intra-oral camera to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The principal dentist was actively involved in the Local Dental Care Committee (LDC) and this involved providing specific support and guidance to other dental providers in the community.

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 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 practice helped patients who required nutritional advice; they referred those who were at risk of obesity or diabetes through periodontal assessment.

The dentists 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. A dental hygiene therapist and dental hygienist were working within the practice; if needed, referrals to them were made.

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. We saw detailed examples of templates used for obtaining and recording patient consent, for example, root canal treatment.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Patient comments included that their questions were always answered and that they were routinely advised of the best course of action or treatment required.

The practice had a policy 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 consent policy 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

Are services effective?

(for example, treatment is effective)

The practice kept mostly detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We did however note that soft tissue checks on children were not always noted on a small sample of records we looked at. The dentist confirmed they had not recorded this.

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. We noted some scope for improvement in relation to the analysis of findings on an audit that we reviewed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The principal dentist was skilled to place implants and other courses completed included a diploma in clinical education. The practice manager was experienced and qualified to undertake their role; they shared their time between two practices owned by the provider. We noted that some of the dental nurses received in-house training on implants. Staff had access to an online training programme.

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 one to one meetings. We were informed that plans were in place to hold appraisals for the dentists; appraisals had been completed for the dental nurses. The practice manager and principal dentist had also received an appraisal.

We saw evidence of some 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 had a robust system for monitoring 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 caring, efficient and non-judgemental. One patient comment included that the practice was the best they had ever been to. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. We received several comments from patients who told us that staff knew how to interact well with children.

Patients could choose whether they saw a male or female dentist when they first attended the practice.

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

An information folder was available for patients to read. There was a television screen with information displayed and a patient suggestion box for any comments.

We looked at feedback left on the NHS Choices website. We noted that the practice had received five out of five stars overall based on patient experience on seven occasions. Reviews included reference to the friendliness and relaxed attitude of staff; one review stated that care and advice received was 'superb'.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided some limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff could take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

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

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

- Interpretation services were available for patients who did not speak or understand English. Staff also spoke other languages which may assist patients.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read /large print materials were available, if required.

The practice gave patients clear information to help them make informed choices about their treatment. This included access to videos with subtitles to assist those with hearing difficulties. A patient comment card completed included reference to 'very clear explanations given regarding treatment, including options and timeframes'.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos, X-ray images and an intra-oral camera. Videos could be emailed to patients to enable them to watch these away from the clinical environment. These were shown to the patient/ relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. We were provided with examples of how the practice met the needs of individuals with specific needs. For example, longer appointment times allocated; nervous patients could be offered initial appointments with the aim to desensitize them.

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. Patients were seen in ground floor treatment rooms.

The practice had made reasonable adjustments for patients with disabilities. These included step free access with use of a portable ramp, a magnifying glass and accessible toilet with hand rails and a call bell. The practice had an agreement with a nearby clinic that had an audiology department to use their facility, should a patient request a loop for their hearing aid.

Staff told us they had contacted patients' friends and family to collect them after lengthy appointments and on occasion had taken them home when no-one was available. They told us they made telephone calls to patients the following day after complex/lengthy treatment to check on their wellbeing. Patients identified as being vulnerable were contacted if they failed to attend appointments.

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 unduly waiting.

We noted that the next routine appointment available was within 24 hours.

The staff took part in an emergency on-call arrangement with some other local practices. NHS patients were advised to contact NHS 111. 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 closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Patients were issued with pre-appointment reminders based on their preference of email, text or letter.

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 practice manager was responsible for dealing with complaints. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received within the 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

Leadership capacity and capability

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

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

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

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

Vision and strategy

There was a clear vision and set of values. The provider's statement of purpose included the provision of dental care and treatment of consistently good quality for all patients, to meet their needs and wishes. The provider had implemented business plans that incorporated one yearly, one to three yearly and three to five yearly objectives. These were reviewed on a regular basis.

Their 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.

The practice focused on the needs of patients.

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

Openness, honesty and transparency were demonstrated when responding to more serious incidents and complaints. For example, investigation and remedial action was taken when a potential patient information breach was identified.

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 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.

There were clear and effective processes for managing most risks, issues and performance. We identified that one of the dentists did not routinely use rubber dam; prompt action was taken by the provider to address the issue.

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, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We looked at results from a patient survey undertaken in 2018. This identified areas for improvement. For example, some patients had stated that they had not

Are services well-led?

been seen on time. In response, the provider had added 'catch up time slots' within the dentists' diary throughout the working day to ensure appointment start times were not impacted.

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.

We saw examples of suggestions from staff the practice had acted on. For example, better communication and utilising an App to help facilitate this.

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

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antimicrobial prescribing, patient waiting time and infection prevention and control. We found there was scope to improve detail in analysis in some of the audits undertaken.

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

Staff had received annual appraisals or plans were in place for them to be completed in respect of dentists. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of some 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.