

Mr Vishal Patel & Mr Viraj Patel

Langdon Hills Dental Care

Inspection Report

**1 Alpha House
High Road
Basildon
Essex
SS16 6HG**

Tel: **01268 419845**

Website: **<http://www.langdonhillsdentalcare.co.uk>**

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Overall summary

We carried out this announced inspection on 24 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

Langdon Hills Dental Care is in Basildon, Essex and provides NHS and private treatment to adults and children.

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

The dental team includes four dentists, five dental nurses, two dental hygienists, one receptionist and a visiting prosthodontist. The practice has three treatment rooms.

Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Langdon Hills Dental Care was the one of the dentist partners.

On the day of inspection, we collected 11 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with three dentists, one dental nurse, one dental hygienist, one receptionist and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8am to 7pm.

Tuesday from 9am to 7pm.

Wednesday from 8am to 5pm.

Thursday from 8am to 5pm.

Friday from 7am to 5pm.

Saturday from 8am to 12pm.

Our key findings were:

- The practice staff 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 could not confirm if the glucagon had been maintained at the correct temperature, they took action to replace this immediately.
- The practice had systems to help them manage risk.
- The practice appeared clean and well maintained.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. Hepatitis B immunity and risk assessment for non-responders were not in place for some staff. The practice took immediate action to complete the risk assessment and obtain immunity records.

- The clinical staff provided patients' care and treatment in line with current guidelines. There was scope for greater detail in dental records regarding intra oral and extra oral examinations, basic periodontal examinations and risk assessments.
- There was a lack of consistency across dental care records with regard to the recording of the use, or lack of use of dental dam.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements. The registered manager took immediate action the day of our inspection to address some of the minor issues identified during our inspection, demonstrating their commitment to providing a good service.

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

- 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 need to effectively record caries/periodontal/cancer risks within patients' dental care records, taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and

Summary of findings

having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensure a more robust system is in place for obtaining and testing sentinel water temperatures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was a risk assessment in place for when the dental hygienist worked alone, this did not fully address the risks associated with a hygienist working without chairside support.

Staff were qualified for their roles and the practice completed essential recruitment checks. Not all staff had the effectiveness of the hepatitis B vaccination recorded on their records and where staff were non-responders, risk assessments had not been completed.

Premises and equipment were clean and properly maintained. Records of water testing evidenced that sentinel water temperatures were not in line with guidance. Both hot and cold-water temperatures recorded at a number of locations in the practice were either above or below recommended guidance levels.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. We found that fridge temperatures where the glucagon was stored had been erratic. The practice could not confirm if the glucagon had been maintained within the correct temperature range. The practice confirmed they would replace the glucagon, storing it with the emergency equipment with a reduced expiry date to reflect the shorter shelf life when stored in this way.

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 painless, responsive and great. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records. There was scope for greater detail in dental records regarding intra oral and extra oral examinations, basic periodontal examinations and risk assessments. The use of rubber dam was not consistently recorded across all the dentists.

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

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

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 13 people. Patients were positive about all aspects of the service the practice provided. They told us staff were calm, caring and polite. Two patients told us that staff were good with their children and three nervous patients told us that staff were sympathetic and understanding of their fears. One patient told us they had almost lost their fear of dentists.

They said that they were given understanding, informative and honest 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.

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?

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 on-line interpreter services if required and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

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

The registered manager took immediate action the day of our inspection to address some of the minor issues identified during our inspection, demonstrating their commitment to providing a good service.

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 stored securely. There was scope for greater detail in dental records regarding intra oral and extra oral examinations, basic periodontal examinations and risk assessments. We noted there were some lack of consistency across clinicians with regard to recording the use or lack of use of dental dam.

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. Quality assurance processes included audits of dental care records, radiographs and infection prevention and control.

No action



Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

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

The registered manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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 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 they felt confident they could raise concerns without fear of recrimination.

The dentists told us they 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, alternatives and risk assessments were not always documented.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also 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.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

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

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

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

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. We found that not all members of the team had the effectiveness of the vaccination recorded on their records

Are services safe?

and where staff were non-responders, risk assessments had not been completed. The provider told us that further action would be taken to obtain this information and risk assessments implemented in the interim.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We found that fridge temperatures where the glucagon was stored had been erratic. The practice could not confirm if the glucagon had been maintained within the correct temperature range. The practice confirmed they would replace the glucagon, storing it with the emergency equipment with a reduced expiry date to reflect the shorter shelf life when stored in this way.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. There was a risk assessment in place for when the dental hygienist worked without chairside support. However, this did not fully address the risks associated with a hygienist working without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) 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. However, we noted from the records of water testing that sentinel water temperatures were not in line with guidance with both hot and cold-water temperatures recorded as either above or below recommended guidance levels. We discussed this with the business manager and dentist. We were told a new legionella risk assessment would be completed and renewed practice procedures would be implemented in line with current guidance.

The practice was visibly clean when we inspected.

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

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

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings. Dental care records we saw were legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements. There was scope for greater detail in dental records regarding intra oral and extra oral examinations, basic periodontal examinations and risk assessments. We noted that an audit of dental care records undertaken in February 2019 had identified these issues. However, there was nothing in place to confirm what action had been taken since this audit and from our review of dental care records there was no evidence to confirm if any changes or improvements had been made.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Are services safe?

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

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

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 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.

We looked at four incidents in the previous 12 months. These 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 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 dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and charts of the patient's gum condition. However, we found these were not always clearly documented in patients dental care records and there were inconsistencies across clinicians with regard to data recording.

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. There was scope to ensure all patients signed their consent agreements at consultation. The dentists told us they 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.

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. The practice had processes in place to establish and confirm parental/legal responsibility when seeking consent for children and young people.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. There was scope to improve and expand on the information recorded during consultations.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. This also identified that there was scope to improve and expand on the information recorded during consultation. We looked at the latest audit undertaken in February 2019 and noted there was scope to expand the analysis and extend the number of records reviewed for each clinician during dental record audits.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

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

Staff told us they discussed 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.

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

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

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

We noted there was no tracking process in place to monitor referrals. Following discussion with the practice team, we noted the practice had put a referral tracker in place to make sure they were dealt with, before we completed our inspection.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness and compassion.

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

Patients commented positively that staff were pleasant, polite and helpful. We saw that staff treated patients politely and were friendly towards patients at the reception desk and over the telephone. Two patients told us that staff were good with their children and three nervous patients told us that staff were sympathetic and understanding of their fears. One patient told us they had almost lost their fear of dentists.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

Information folders, patient survey results were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

with patients. Staff told us that if a patient asked for more privacy they would take them into another room. 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

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Patients told us the dentists answered their questions and took time to explain things in a way they understood

Interpretation services were available for patients who did not speak or understand English. However, we were told there had been little demand for this service. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The 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 photographs, models, videos, software, leaflets, folders, websites and digital 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 described how they supported patients for whom they needed to make adjustments to enable them to receive treatment such as patients with a dental phobia.

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

There were magazines and children's books and toys available in the waiting room to keep patients occupied whilst they waited. There was also a helpful information folder about the practice and details of each dentist who worked there.

The practice had made reasonable adjustments for patients with disabilities. These included ramp access, a hearing loop, a magnifying glass, ground floor treatment rooms and an accessible toilet with hand rails and a call bell. Large print documents were available upon request.

A Disability Access audit had been completed and an action plan formulated in order to continually review access for patients.

Staff told us that they used text messaging and e-mails to remind patients they had an appointment.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who

requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the NHS / 111 out of hours service.

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

Listening and learning from concerns and complaints

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

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

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

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

We looked at comments, compliments and one complaint the practice received in the previous twelve 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

Leaders had the capacity and skills to deliver high-quality, sustainable care and 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. The registered manager took immediate action the day of our inspection to address some of the minor issues identified during our inspection, demonstrating their commitment to providing a good service.

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.

Culture

Staff clearly enjoyed their work citing good team work as the reason. This became apparent during our observations where the receptionist maintained a local knowledge of the practice population and gave clear examples on the needs of patients and their families. We observed the reception staff entering general conversations with patients whilst they were waiting to see the dentist. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues during daily discussions and team meetings. Minutes of the meetings we reviewed showed that information about the practice and any complaints were shared with staff.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. The patient complaint we reviewed demonstrated very clearly that staff understood and had implemented candour in their response.

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

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Although the staff team was small, it was clear they worked and communicated well together.

Governance and management

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

The registered manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. However, they confirmed they spent a high proportion of their time working at another service. The partners confirmed they would review their CQC management registration to ensure a nominated individual was on site at the service more regularly.

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 patient surveys and verbal comments to obtain patients' views about the service.

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 looked at results of FFTs over the past year and noted these were wholly positive.

Are services well-led?

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

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits, however there was scope to ensure the resulting action plans and improvements were put in place in an appropriate timeframe and there was scope to expand the analysis and extend the number of records reviewed for each clinician during dental record audits.

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

The dental nurses and receptionist 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.