Hallcross Dental Practice Limited

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Inspection Report

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Date of inspection visit: 6 March 2020
Date of publication: 23/04/2020

Overall summary

We carried out this announced inspection on 6 March 2020 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 Care Quality Commission (CQC) inspector who was supported by two specialist dental advisers.

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Hallcross Dental Practice is in Wigston, a town in Leicestershire and provides NHS and private dental care and treatment for adults and children. Services include general dentistry, implants and orthodontics.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for people with disabilities, are available in the practice car park.

Summary of findings

The dental team includes eight dentists, two specialist orthodontists, seven dental nurses, three trainee dental nurses, three dental hygienists and four receptionists. There is also a business manager employed who is qualified as a dental hygienist and works as a treatment co-ordinator. The practice has seven treatment rooms; four are on ground floor level.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Hallcross Dental Practice is the business manager.

On the day of inspection, we collected 24 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, three dental nurses, two receptionists and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday, from 8.15am to 5.30pm, Wednesday from 8am to 5.30pm, Thursday from 8.15am to 7pm and Friday from 8.15am to 5pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Clinicians completed annual basic life support training; dental nurses were overdue to complete this training. Following our visit, arrangements were made for them to refresh their knowledge.
- Appropriate medicines and life-saving equipment were available. We noted there was an insufficient quantity of syringes and needles, however.
- The provider had most systems to help them manage risk to patients and staff. We identified some areas for review such as fire risk assessment and five-year fixed wiring testing. Measures were taken to address this after our visit.
- The provider had robust and effective safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. We noted some information had not yet been obtained for new staff members.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked 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 information governance arrangements.

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

- Take action to ensure all staff have received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. For example, the practice had not ensured that all risks had been effectively managed at the time of our inspection. This included issues such as five year fixed wiring testing, ensuring a comprehensive fire risk assessment was in place, risks relating to the non use of rubber dam and ensuring monitoring systems for NHS prescriptions.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Are services safe?

Our findings

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding was one of the principal dentists.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff described examples of how they had identified and then proactively managed safeguarding concerns utilising a multi-agency approach.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider 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 provider had 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 refurbishment plan included the future purchase of a vacuum autoclave to ensure best practice for the decontamination of instruments when undertaking dental implants.

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

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment dated July 2018. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The practice utilised an external cleaning company for maintaining the general areas of the premises. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that the external clinical waste bin was locked but not secured to a wall which would help prevent its unauthorised removal. The practice told us they would take action to secure the bin.

The infection control lead carried out infection prevention and control audits annually. Guidance recommends these are undertaken twice yearly. The latest audit in July 2019 showed the practice was meeting the required standards. Following our inspection, a new audit was completed and we were assured these would be undertaken on a six monthly basis.

The provider had a whistleblowing and freedom to speak up policy. Staff felt confident they could raise concerns without fear of recrimination. The policy referred to external organisations that could also be contacted in the event of any staff concerns.

Not all the dentists used dental dam. This was not in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, other methods were used to help in

Are services safe?

protecting the airway. Following our visit, we were informed that the issue had been discussed in a meeting amongst staff and the use of dental dam would now be mandatory for all clinicians.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider mostly followed their recruitment procedure. We noted that one of the clinical staff who had been recently employed did not have a photograph held on their file and DBS information held was not yet complete.

Two members of the team (one who was recently employed) did not have references held on their file. We saw this had been requested by the practice for one of the staff members and the other staff member did not work in a clinical capacity. The practice assured us they would seek to obtain the missing information.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured equipment was safe and maintained according to manufacturers' instructions, including electrical and gas appliances. We noted an exception in relation to facilities management, as the practice were unable to locate a five yearly fixed wire certificate. They told us that a new test had been booked for 18 April 2020 which was the first weekend day that their electrician was available to attend.

We were not assured that the most recent fire risk assessment had been carried out in line with the legal requirements, although we were informed one had been undertaken historically. Whilst it was evident that considerations and measures had been undertaken to mitigate fire risks, the risk assessment required review. Following our inspection, we were advised that an assessment had been booked with an external contractor for 18 March 2020. We were subsequently informed that this had been carried out and it had not identified any significant issues.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment. The practice had a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff.

We saw that the required radiation protection information was available.

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

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. We noted some areas that required further oversight.

The practice's health and safety policies, procedures and most risk assessments were reviewed regularly to help manage potential risk.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. We were told that dentists only dismantled used needles. A sharps risk assessment had been completed; there was scope to include further detail in the assessment to identify the individual control measure for each sharp used.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. We saw that the effectiveness of the vaccination was checked in all but one staff member's file we reviewed. A risk assessment had not been completed for the staff member. We were informed that a risk assessment would be completed whilst the information was sought.

Staff had held discussions regarding sepsis awareness. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Are services safe?

Clinicians knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. We noted that whilst clinicians had completed this annually, dental nurses had not attended the same training. The provider told us that due to space limitations in the practice and the large numbers of staff, dental nurses had completed training separately online. When we looked at dental nurses training certificates, we found some had last completed this training two years ago. This may impact upon the ability of the practice to respond quickly in the event of a medical emergency. Following our inspection, the provider informed us that training would be updated for the dental nurses in a planned meeting and all staff would attend the same training in the future.

Emergency equipment and medicines were available as described in recognised guidance. We noted there was an insufficient quantity of syringes and needles however. Glucagon was stored outside of refrigeration; the expiry date had been amended by staff, but this required checking to ensure it was correct. Following our visit, we were informed that the date had now been readjusted correctly.

We found staff kept records of their checks of equipment and medicines held.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

The practice used locum staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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.

We saw staff stored NHS prescriptions securely as described in current guidance. We found that monitoring systems were not in place to ensure that if an individual script was taken inappropriately, this could be identified.

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

Antimicrobial prescribing audits were carried out. These had been discussed amongst the team.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. Staff reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incident, we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received positive comments from patients in CQC comment cards. Patients described their treatment as excellent, comfortable and delivered by professionals.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw 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 held a contract with NHS England to provide orthodontics. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment was provided under NHS referral only although self-referral was available for private patients.

There was also an additional pathway orthodontic contract with NHS England for the provision of complex cases which would usually be treated within a hospital environment.

The practice had suitable policies and procedures for assessing and treating patients. There were two specialist orthodontists working in the practice and they worked to The British Orthodontics Society (BOS) guidelines in delivering care to patients.

The practice kept detailed dental care records containing information about the patients' current dental needs in respect to orthodontic treatment, past treatment and medical histories in the small sample of records we reviewed.

The practice offered dental implants. These were placed by the principal dentist and one of the other dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to technology and equipment available in the practice to enhance the delivery of care. For example, a CBCT machine. Clini-pads were utilised for obtaining and recording patients' information.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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 leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns which supported patients to live healthier lives, for example, smoking cessation. They directed patients as appropriate. Health information was available on the practice's website and social media page.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Are services effective?

(for example, treatment is effective)

The practice held documented information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might 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 in certain circumstances. 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, some of the clinical team had specialisms such as orthodontics and implants. One of the dental nurses had completed oral health education and fluoride application courses. Other dental nurses had training in impression taking, photography and retainers, radiography, orthodontic nursing and first aid. Staff were assigned lead areas of responsibility within the practice.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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 for treatment the practice did not provide.

The practice was a referral clinic for orthodontics; staff monitored and ensured the dentists were aware of all incoming referrals daily.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were welcoming, helpful and put them at ease. We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk.

Patients said staff were compassionate and understanding. Comments from patients included that staff had gone out of their way to help.

Patients had access to care when they were in pain, distress or discomfort. This was supported by patient feedback regarding the practice's responsiveness to a dental emergency.

The patient waiting areas had a selection of magazines and a television to occupy patients whilst they waited to be seen.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008).

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the three separate waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. There were also multi-lingual staff that might be able to support them.
- Staff told us they communicated with patients in a way they could understand. Communication aids and information in different forms could be obtained, if needed.
- Alerts could be placed on patients' records if they had any requirements.

Staff gave patients clear information to help them make informed choices about their treatment.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Comments included that patients felt they had the right care and treatment and that they had confidence in the treatment they received and those who delivered it.

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, study models, videos, X-ray images, digital single lens reflex (SLR) camera and an intra-oral camera. The camera enabled photographs 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff described how they had booked a taxi for a vulnerable patient following their appointment and contacted them to check on their wellbeing afterwards.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

24 cards were completed, giving a patient response rate of 48%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, convenient access to dental appointments and high hygiene standards within the premises.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Longer appointments times were allocated when patients would benefit from these.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and accessible toilet with hand rails and a call bell. A magnifying glass or reading glasses were not available at the reception desk.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. An area identified for further consideration in their audit was an automated door or doorbell.

Staff contacted patients in advance of their appointment to remind them to attend. This was based on patient preference of communication.

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 on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Information was available on their web page regarding this.

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. There was an automated log in system at the reception desk to help ensure the smooth running of those arriving for appointments.

Patients who had a dental emergency outside of usual opening hours were directed to the appropriate out of hours service that operated daily from 8am to 8pm in Leicester City. Outside these times, patients were signposted to NHS 111.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

The head receptionist was responsible for dealing with complaints. Staff told us they would tell them or the business manager about any formal or informal comments or concerns straight away so patients received a quick response.

Are services responsive to people's needs?

(for example, to feedback?)

The practice 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 staff had 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

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was effective leadership and emphasis on continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

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

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the 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 and supported.

Staff discussed their training needs at regular appraisals. The practice had undertaken 360-degree appraisals for the management team, staff were invited to provide honest feedback about their managers approach. Staff also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. The practice held a contract held with NHS England to provide orthodontics.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, a trend in complaints had been identified and appropriate action was taken to investigate these and reduce their recurrence.

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, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

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

We found a number of risks had not been identified and mitigated at the time of our inspection however, although action was subsequently taken afterwards.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Business Services Authority performance information, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. The practice had

Are services well-led?

undertaken activities in the local community and had held a fun day at the practice to raise money for Macmillan nurses. They had also helped in funding for local food banks.

The provider used surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff and patients the practice had acted on. For example, the web page was updated with team member details as a result of patient suggestion.

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

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, deposits being taken from patients and management being more accessible.

Continuous improvement and innovation

The provider had systems and processes for learning and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic prescribing and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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