

Perfect Smile (Acorn Dental) Partnership Smith and Smith Dental Practice Partnership

Inspection Report

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Overall summary

We carried out this announced inspection on 7 November 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

Smith and Smith Dental Practice Partnership is in Gateshead and provides NHS and private dental treatment to adults and children.

Summary of findings

Access for people who use wheelchairs and those with pushchairs is restricted as the practice entrance has three steps in front, and use of a portable ramp is not possible due to the steepness of the steps. Patients are made aware of this prior to booking an appointment. Car parking spaces are available near the practice.

The dental team includes seven associate dentists, six dental nurses, one dental hygienist and a receptionist. A practice manager, area manager and clinical advisor support the dental team. The practice has five treatment rooms.

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 Smith and Smith Dental Practice Partnership is the practice manager.

On the day of inspection, we collected nine CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by the practice.

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

The practice is open:

Monday, Tuesday, Wednesday 9am to 8pm

Thursday and Friday 9am to 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. They should review their risk management systems in relation to the security of clinical waste storage, radiation protection and sharps injuries.

- 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 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 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:

- Improve the practice's waste handling protocols to ensure waste is stored in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01. In particular, they should improve the security of the clinical waste bins outside, to ensure they are not accessible to public.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, improve the security of unauthorised access into the basement surgery.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid

Summary of findings

response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

- Implement an effective system for recording, investigating and reviewing incidents or significant

events with a view to preventing further occurrences and ensuring that improvements are made as a result. In particular, ensure staff are aware of, and follow, the practice's sharps injury protocols.

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 that 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. We saw evidence that staff received safeguarding training. We reviewed the training records of three staff members and saw a recently employed dental professional had provided a safeguarding of children training certificate but not for vulnerable adults. The practice manager assured us the staff member had completed the safeguarding training for vulnerable adults, and we were sent evidence of this following the inspection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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 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 (FGM).

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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

The 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 three staff recruitment records. These showed the provider followed their recruitment procedure.

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

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

A fire risk assessment was carried out in line with the Regulatory Reform (Fire Safety) Order 2005 requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records showed that fire detection and firefighting equipment were regularly tested and serviced. All staff received annual fire safety training on-site from a fire expert.

The practice had intra-oral and extra-oral (Orthopantomogram – OPG) X-ray equipment. We saw most of the required information was in their radiation protection file, with the exception of evidence of the registration with the Health and Safety Executive (HSE), critical examination reports and acceptance tests for the machines. The OPG machine was in a small room, in between the patient toilet and stock room. In addition, there were dual entrances to some surgeries meaning a risk of unwanted entry during an X-ray procedure. The staff explained the measures they took in relation to radiation protection. The local rules were not detailed with these measures and the radiation protection supervisor was incorrect. Following our inspection, we received evidence to confirm the practice manager had liaised with the practice's radiation protection advisor to review the local rules and radiation protection measures. We also received evidence of the registration with HSE.

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

Are services safe?

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 provider 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, and that the effectiveness of the vaccination was checked.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Checks of the medical equipment were carried out monthly, rather than weekly in line with national guidance, and we were assured this would be implemented.

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

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

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

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). Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was 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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. The cleaner had a dedicated file containing information on lone working, a lone worker's risk assessment, cleaning checklists and risk assessments for cleaning materials.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The storage of clinical waste was not secure and could be accessible to members of the public. The practice manager confirmed they acted to address this.

The provider had recently built a basement surgery, which was not in use every day. There was a fire door from the surgery leading to the back yard with a gate. The fire door and gate are kept unlocked during the day for fire safety. We spoke to the practice manager about the security and possible unauthorised access whilst the basement is not in use. The practice manager confirmed they would review this. We received confirmation of plans to introduce camera surveillance of the yard area and a one-sided push bar to allow immediate vacation in event of a fire, and prevent entry.

Are services safe?

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

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and stored in line with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

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

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

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents however the practice protocol to do this was not embedded amongst all staff.

In the previous 12 months there had been one sharps injury recorded. We saw the dental professional had recorded the patient's name and they had cleaned and dressed the wound. There was no information in relation to the decision not to seek medical advice or treatment following the injury. The practice manager explained there would have been an informal risk assessment of the accident and recognised they needed to document this. They gave assurance they would review their sharps injury protocols.

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. Staff 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. Not all safety alerts were subscribed to; the practice manager assured us they would review their registration and check past alerts to see if any relevant to the practice needed acting upon.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered orthodontic treatment and dental implants. The dentist carried out an assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded for each patient which would be used to determine if the patient was eligible for orthodontic treatment through the NHS. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment. The dentist explained they had not undertaken a peer assessment rating audit in line with national guidance due to a very small number of cases treated. They planned to start this in the near future.

Implants were placed by a dentist at the practice who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care. They would refer dental implant patients for detailed cone beam computer tomography X-rays if required.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. In addition, an external clinical auditor and clinical advisor would support the dental staff in professional development.

Helping patients to live healthier lives

The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The senior dental nurse was trained in oral health and a dedicated oral health kit was available, containing puppets, leaflets and oral equipment, all of which were used to educate patients.

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 patients based on an assessment of the risk of tooth decay.

The dentists 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.

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

The dentists 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

Records showed 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

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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. 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 might 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. 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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dentists were further trained in specialist subjects, such as dental implant placement and orthodontics. Dental nurses trained in extended-duty skills such as radiography, oral health education and dental implant assistance.

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 saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The

practice is sited opposite to the Gateshead Council office. The council staff interact positively with staff in the dental practice, and refer a number of patients to them every month. We were told of examples where new families move to the region and would be in need of dental care. The council staff would inform the dental practice staff of this and the provider would always accommodate these patients. The referral would highlight any important information, such as whether they required an interpreter or were under any special care measures. The practice manager explained they would receive such requests twice a month and maintain strong communication to support the needs of these people.

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.

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

The provider 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.

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

Are services caring?

Our findings

We found that 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 caring, professional and excellent. Comments from patients conveyed how they experienced dental care at the practice; they said they received care of a high standard and were very happy to be a patient there. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

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

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

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

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under 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. We were told there was a reasonable need for these services in this area due to the referrals received from the council office. Staff explained, interpreters could be requested and arranged as a matter of urgency in some instances.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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. 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, dental models, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 on the importance of emotional support needed by patients when delivering care.

The practice met the needs of more vulnerable patients, for example, those with learning difficulties, autism, dementia or other long-term health conditions. For those with anxiety or dental phobia, the practice would arrange appointments at times convenient to the patient and ensure a sufficient appointment length was provided. Patients would also be offered to wait in a second waiting area where it was less crowded.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice manager told us of the support offered to these patients, including escorting them to their home when they needed it.

The practice had made reasonable adjustments for patients with disabilities. This included a hearing loop, reading aid, pens with modified grip, a signature guide and a hand rail for the steps outside. Most patients at the practice were longstanding. All patients were made aware of the steps outside, the absence of an accessible toilet and that treatment rooms were large enough to accommodate a wheelchair on the ground floor.

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

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

The practice 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 offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with 111 (out of hour's service).

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

Listening and learning from concerns and complaints

The practice manager 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 on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. 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. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received. 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 that this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

We found leaders had the capacity and skills to deliver high-quality, sustainable care. Managerial staff at the practice had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Staff 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. Staff told us they worked closely with them and others 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.

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 staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The practice manager and senior dental nurse described an example of this where a patient had to undergo a different dental treatment than that planned due to an incidental finding. We saw this was recorded appropriately, investigated, responded to and discussed with the dental team.

Staff could raise concerns and were encouraged to do so, and 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 practice 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. The senior dental nurse assisted the practice manager in this. Staff knew the management arrangements and their roles and responsibilities. Each member of staff was assigned a different lead role to help support the governance of the practice.

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.

The practice was part of a dental group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks and performance.

Appropriate and accurate information

Staff 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 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 high-quality sustainable services.

The provider used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on including the provision of more literature in the waiting room.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to

Are services well-led?

allow patients to provide feedback on NHS services they have used. The most recent practice survey results and FFT results were 88% of patients would recommend the dental practice to others.

The provider carried out an annual patient survey. The results from 2019 showed 100% of patients found reception staff to be welcoming and friendly, and 77% of patients felt it was extremely easy to make an appointment. The practice manager analysed the FFT and practice survey results and introduced improvements where possible. One example was from the recent survey of ease of

making an appointment, those who gave lower scores commented this was due to delays in answering the telephone. To address this, the practice manager assigned more staff to reception duties.

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. Staff were asked their views about practice meetings through use of staff surveys. Staff were able to request topics to be discussed in the next staff meeting and whether they found anything particularly useful in that meeting.

Continuous improvement and innovation

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

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

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

The dental team 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.