

Mrs. Kavita Amlani

# South View Dental Centre

## Inspection Report

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### Overall summary

We carried out this announced inspection on 29 May 2018 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**

South View Dental Centre is in Newcastle 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 six dentists (including the principal dentist), six dental nurses (one of whom is a trainee), a dental therapist, a practice administrator, a support lead and two receptionists. The practice has four treatment rooms.

# Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 20 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, four dental nurses, the support lead and the practice administrator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday 7.30am to 5.30pm

Thursday 8.30am to 7pm

Friday 8.30am to 3pm

Saturday 9am to 1pm.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available - apart from a child air mask.
- The practice had some systems to help them manage risks. The practice did not have a fire risk assessment of the premises nor had undertaken risk assessments for hazardous substances held on-site.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures. The process for monitoring immunisation status of staff required reviewing.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.

- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The practice was providing preventive care and supporting patients to ensure better oral health in line with current guidelines. Dental care was provided as part of the NHS prototyping pilot to increase access and improve dental health.
- The practice was involved in training programmes for newly qualified dentists.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the need to undertake and document a fire risk assessment of the premises.
- Review the practice's policy for hazardous substances identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the practice's infection control procedures and protocols 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 having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

No action



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

The practice had some systems and processes to provide safe care and treatment. Risk assessments were not carried out for fire and the hazardous substances held on-site.

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.

Staff were qualified for their roles and the practice completed essential recruitment checks. We noted the processes for checking immunisation status of staff could be improved.

Premises and equipment were clean and properly maintained. The practice followed most of the national guidance for cleaning, sterilising and storing dental instruments. We noted the process of manual cleaning and testing of the sterilisation equipment required reviewing.

The practice had suitable arrangements for dealing with medical and other emergencies. We found one item of equipment was not present; this was ordered immediately.

The principal dentist had not received recent national safety alerts.

### Are services effective?

No action



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

Dental care was provided as part of the NHS prototyping pilot to increase access and improve dental health. The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and of a high standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

The staff were involved in quality improvement initiatives, such as peer review, with other dentists in the region as part of its approach in providing high quality care. The practice was involved in training programmes for newly qualified dentists and for trainee dental nurses.

### Are services caring?

No action



# Summary of findings

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

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, professional and extremely friendly.

They said that they were given helpful, 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?

No action 

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

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

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

## Are services well-led?

No action 

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

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

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

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

# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, equipment & 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.

There was 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 staff were aware of the need to identify adults that were in other vulnerable situations, for example, 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 used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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 mostly reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice generally followed their

recruitment procedure. We found verbal inductions and verbal references were not documented for some staff members, whilst others were. We also found inconsistencies in ensuring all clinical staff had sufficient protection from the Hepatitis B virus. We discussed this with the principal dentist who told us they would ensure a more consistent approach.

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.

The principal dentist told us the premises had not had a formal documented fire risk assessment carried out in line with the Regulatory Reform (Fire Safety) Order 2005. The premises had fire extinguishers on both floors; fire detection systems and we saw evidence of a recent fire drill. Records showed that fire extinguishers were regularly tested. We spoke to the principal dentist about the need to carry out a fire risk assessment of the premises. They acted immediately and showed us e-mail confirmation that a fire risk assessment had been scheduled.

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 up to date and 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

# Are services safe?

regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken; this was brief and part of the overall practice risk assessment. The principal dentist explained they were considering the use of disposable needles and syringes and would update their risk assessment accordingly.

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. We found the immunisation statuses could not be confirmed for three members of clinical staff. The practice also did not have a risk assessment in place in relation to these staff working in a clinical environment when the effectiveness of the vaccination was unknown.

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 apart from a child's self-inflating bag and mask. These were ordered the following day and we received confirmation of this. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We saw the COSHH file contained all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) but no actual risk assessments of any of their materials, as required by the Health and Safety Executive.

We were assured this would be addressed immediately and each substance would be risk assessed and recorded.

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health

Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. 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 HTM01-05. We were told the practice staff perform manual cleaning of instruments, along with use of the ultrasonic machine and steam autoclave. We noted there were inconsistencies in manual cleaning processes and no log to ensure all procedures were being followed accurately. The principal dentist assured us they would review this.

We saw evidence that the equipment used by staff for cleaning and sterilising instruments was validated and maintained, apart from the ultrasonic soil tests and annual service check. We also found the steam penetration tests were not being carried out for the steam autoclave. The principal dentist assured us they would revisit the manufacturers' guidance in relation to all these tests.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

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 were being 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 clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure most clinical waste was segregated and stored appropriately in line with guidance. We noted the practice did not have a Gypsum waste collection as part of their waste contract; we were told study models were given to the patients which is not recommended by national 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

# Are services safe?

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

We discussed with the dentists 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 accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. We saw the practice kept detailed log books of all referrals.

## **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.

## **Track record on safety**

The practice had a good safety record.

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. In the previous 12 months there had been one safety incident. The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice shared lessons, identified themes and took action to improve safety in the practice. For example, we noted there were two accidents documented within the last 12 months relating to sharps injuries. These were addressed appropriately and shared with the whole team during staff meetings, in order to minimise recurrence.

The principal dentist told us they previously received national safety alerts for medicines and equipment. They were unaware as to why these had stopped and assured us they would register again to receive these appropriately and review any relevant historic alerts.



# 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 the one of the dentists at the practice who had undergone appropriate post-graduate training in this subject. The provision of dental implants was in accordance with national guidance.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

### 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 patients 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.

We spoke with the dentists who 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 detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

The practice was selected to take part in the government's Dental Prototype Agreement Scheme, to trial a new NHS dental contract that aims to offer a new way of providing dental care, with an increased focus on disease prevention.

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

### Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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 the legal precedent Gillick competence by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

### Monitoring care and treatment

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

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

### 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 saw evidence of this for dental nurses and the dental therapist and were told the dentists were given verbal structured inductions. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. We did not see evidence of infection control training for three members of staff. The principal dentist assured us these staff had undergone training and would review their systems for monitoring this.

Staff told us they discussed training needs at annual appraisals and during clinical supervision. 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 bacterial 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.

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

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were kind, caring and helpful. We saw that staff treated patients respectfully and appropriately. They were friendly towards patients at the reception desk and over the telephone.

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 and thank you cards 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 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. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, braille 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.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and 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 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, by arranging appointments at times convenient to the patient and ensuring a sufficient appointment length was provided.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

A disability access policy was in place and detailed how the practice would consider various patients' needs. The practice had made reasonable adjustments for patients with disabilities. These included step free access, braille information leaflets and an accessible toilet with hand rails and a call bell.

### 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 111 out of hour's 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 complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The principal dentist told us they 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.

The practice had received no complaints within the last 12 months.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist was the overall leader of the practice. They had the capacity and skills to deliver high-quality, sustainable care.

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

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

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

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

The principal dentist acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

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

The principal dentist had the overall responsibility for the management and clinical leadership of the practice. The practice administrator and support lead were supporting them in their role. Staff knew the management arrangements and their roles and responsibilities.

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

There were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used comment cards and verbal comments to obtain staff and 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.

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

## Are services well-led?

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 nurses 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.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We were told one of the associate dentists had recently started dental implant placement within the practice. Two qualified dental nurses were supporting them in this. We spoke to the principal dentist about the training provision for these dental nurses – they told us a dental surgeon with experience in placing implants specialist was providing supervision and shadowing opportunities. We spoke about

considering implementing training logs for the trainee dental nurses and implant assistant dental nurses to assist in their learning. The principal dentist assured us this would be considered.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. We noted three members of staff did not have infection prevention and control training evidence and the principal dentist was unaware of when they had carried this out. We spoke to the principal dentist about possibly implementing a training matrix to monitor the training needs of all members of staff. They assured us they would review their systems of monitoring staff training in general.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.