

Mr. Tak Wing Cheung

Park Road Dental Practice

Inspection Report

97 Park Road
Wallsend
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Ratings

Overall rating for this service		No action	✓
Are services safe?		No action	✓
Are services effective?		No action	✓
Are services caring?		No action	✓
Are services responsive?		No action	✓
Are services well-led?		No action	✓

Overall summary

We carried out this announced inspection on 15 January 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?

Summary of findings

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

Park Road Dental Practice is in Wallsend and provides NHS and private treatment to adults and children.

There are two small steps in front of the premises. Patients are made aware of this prior to an appointment. Car parking spaces are available near the practice, including for blue badge holders.

The dental team includes a principal dentist, two associate dentists, the practice manager, three dental nurses, a dental therapist and a receptionist. The practice has three treatment rooms.

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 22 CQC comment cards filled in by patients and spoke with one patient. This provided a positive view of the practice.

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

The practice is open:

Monday to Friday 9am to 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Some areas required review.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were not available in accordance with national guidance. These were immediately ordered.
- The practice had systems to help them manage risks.
- The practice had systems to help them manage risks.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures. The processes for undertaking Disclosure and Barring Service (DBS) checks and 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 practice had closed-circuit television on the premises; there were no signs to make people aware of this and there was no policy or data protection impact assessment in place.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of 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.

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

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the practice's protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office

Summary of findings

- 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'.
- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's procedures for monitoring referrals and prescriptions taking account national 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?

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

The practice had systems and processes to provide safe care and treatment.

They used learning from incidents and complaints to help them improve.

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

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

Premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Maintenance checks of sterilisation equipment could be improved.

The practice did not have suitable arrangements for dealing with medical and other emergencies, in accordance with national guidance. This was addressed on the inspection day.

All the above short-comings were addressed promptly.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as 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. There was no effective method of monitoring referrals.

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.

No action



Are services caring?

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

We received feedback about the practice from 23 people, including one whom we spoke with on the inspection day. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, professional and extremely friendly.

No action



Summary of findings

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that staff 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. A CCTV system was in operation. Appropriate signs were not displayed to notify people of this and the practice did not have a CCTV policy. A data protection impact assessment had not been completed in line with the new General Data Protection Regulation (GDPR) requirements.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs 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 patients with a disability and families with children. The practice had access to interpreter services.

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

No action



Are services well-led?

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

The 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. Any areas of concern that were identified during the inspection were promptly addressed.

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

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

No action



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 all staff received safeguarding training to the recommended level apart from one associate dentist. They addressed this on the inspection day and showed us evidence. 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, for example, 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 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 were confident they could raise concerns without fear of reprimand.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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. We looked at four staff recruitment records. These showed the practice generally followed their recruitment procedure.

We found the provider had not undertaken a Disclosure and Barring Service (DBS) check for two members of staff as they had used the checks undertaken by previous

employers. Risk assessments were not in place to support this. We discussed this with the practice manager and principal dentist who assured us they would obtain the relevant documents. Following the inspection, we were sent evidence of new DBS checks being arranged for both staff. The practice also recognised the need to ensure a more consistent and robust 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 had carried out a fire risk assessment 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 fire drills. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We found there was only one fire exit (the front entrance) and the back door was blocked by cars so was not used as a fire exit. The practice did not consider actions required in the event of a fire breaking out near the front entrance. We also saw the compressor and boiler were in the same room and hazardous cleaning materials were kept close-by. This was not accounted for in the risk assessment. We spoke to the principal dentist about the need to review the fire risk assessment of the premises. They acted immediately and showed us e-mail confirmation that they decided to seek advice from a fire officer in relation to this.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The local rules document required updating following a change to digital X-rays. The principal dentist sent us evidence that they had updated their local rules the following day.

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.

Are services safe?

Risks to patients

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

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

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

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 immune status could not be confirmed for one member of clinical staff out of the four records we checked. The practice also did not have a risk assessment in place in relation to this member of staff working in a clinical environment when the effectiveness of the vaccination was unknown. The member of staff took action to seek professional advice in relation to this.

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

Emergency equipment and medicines were not available in accordance to guidance:

- The oxygen cylinder had expired in October 2017.
- There was no self-inflating bag or masks for children.
- There was no rebreather oxygen mask for children.
- The aspirin was not dispersible.

We saw evidence of all these items being ordered on the inspection day. Staff kept records of their medical drug checks to make sure these were available, within their expiry date, and in working order. There were no checks for medical equipment. The practice manager assured us they would review their processes to make sure these checks were robust.

A dental nurse worked with the dentists and the dental therapist when they treated patients in line with 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 had an infection prevention and control policy and 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 HTM 01-05, with the exception of: staff using nail brushes for manual cleaning which are advised against and records showed equipment used for cleaning and sterilising instruments was not validated, maintained and used in line with the manufacturers' guidance. The practice had a steam steriliser and did not undertake the steam penetration tests that are recommended. They assured us they would seek guidance from the manufacturer in relation to this and would introduce the appropriate tests.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits. These were only carried out annually rather than every six-months as national guidance recommends. There was no analysis or evaluation of the audit results.

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 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

Are services safe?

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 (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. We saw the practice did not monitor referrals. The practice manager assured us this would be addressed and measures were put into place the following day.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. These systems were not effective.

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. We saw the practice did not monitor prescriptions and did not label their dispensed medicines with practice details. The practice manager assured us this would be addressed and measures were put into place the following day.

The dentists were aware of current guidance with regards to prescribing medicines. An antibiotic audit was carried out and we saw the results were in line with national recommendation.

Track record on safety and Lessons learned and improvements

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 two incidents. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. There were two accidents within the last 12 months; these were dealt with appropriately.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals 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 principal dentist who had undergone appropriate post-graduate training in this speciality. 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 dental professionals prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dental professionals, 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.

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 for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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.

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

Staff 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. We noted there was no method of ensuring staff had completed their CPD and one dentist had not had training in safeguarding until the day of the inspection. We discussed this with the practice manager.

Are services effective?

(for example, treatment is effective)

who assured us they would implement a means of monitoring staff training more closely. The practice manager assured us this would be addressed and measures were put into place the following day.

Co-ordinating care and treatment

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

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

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

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

The practice did not monitor referrals to make sure they were dealt with promptly and they assured us they would do so. The practice manager assured us this would be addressed and measures were put into place the following day.

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 could choose whether they saw a male or female dentist. They said 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. 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.

A video CCTV system was in operation. Appropriate signs were not displayed to notify people of this. The practice did

not have a CCTV policy in place, nor had they undertaken a data protection impact assessment in line with GDPR requirements. The principal dentist sent us evidence to confirm measures were put into place the following day.

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, British sign language was used when required 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.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

A disability access assessment was in place and detailed how the practice would consider various patient's needs. The practice had made reasonable adjustments for patients with disabilities. These included ground floor treatment rooms and making patients aware that there were two small steps at the entrance to the practice. The practice manager had not considered advising patients of there being no accessible toilet facilities; they assured us they would review this.

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

We looked at comments and compliments the practice received within the last 12 months. The practice had received one complaint in that period. We observed the practice responded to this complaint appropriately and shared learning with the entire dental team. We saw any comments were analysed appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist 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. Any shortcomings raised during the inspection were prioritised and addressed appropriately. We found staff welcomed the inspection feedback. The practice manager and principal dentist gave assurance that they would strengthen their management protocols and sent a detailed action plan with supporting evidence to show what action they had taken.

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.

Culture

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

The practice focused on the needs of patients.

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

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

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the practice. Staff knew the management arrangements and their roles and responsibilities.

There was 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.

Governance systems needed improvement in relation to infection prevention and control, recruitment procedures, storage of hazardous products, monitoring of prescriptions and some referrals, and availability of medical emergency drugs and equipment. We received confirmation that all actions had been addressed, or would be as soon as practicable, and the practice's management and governance systems would be reviewed.

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 results of the most recent FFT was 100% of patients would recommend the practice to others.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were

Are services well-led?

encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. A staff changing area and toilet had been introduced as a result of staff feedback.

Continuous improvement and innovation

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

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

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.

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.