

Rodericks Dental Limited

Northfield Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 04 October 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

Northfield Dental Practice is a large practice based in Kettering, a town in Northamptonshire. It provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. There are no car parking facilities at the practice; free public car parking is available outside the premises and also at a pay and display car park within close proximity to the practice.

The dental team includes nine dentists, two dental nurses, eight trainee dental nurses, two dental hygienists,

Summary of findings

one dental hygiene therapist and seven receptionists. A practice manager is also employed. The practice has six treatment rooms and a separate decontamination facility. The practice is based on one floor at ground level.

The practice is an approved training practice for dentists new to general dental practice. One of the dentists is a trainer.

The practice offers emergency dental care to people who are not required to be registered with the practice. This service is provided to people who contact the practice directly and NHS 111 who have a dental emergency. This is offered during the practice's opening hours, over seven days a week and for 365 days a year.

The practice is owned by a company 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 Northfield Dental Practice is the practice manager.

On the day of inspection we collected 42 CQC comment cards filled in by patients.

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

The practice is open: Monday to Sunday from 8am to 8pm.

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 practice had systems to help them manage risk to patients and staff.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures. We found these could be strengthened to ensure the practice received assurance that references had been obtained for all staff.
- 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.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- 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 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:

- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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 to help them improve.

Staff received training in safeguarding people 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 an area for improvement as we were informed that the provider's head office undertook reference checks for new starters. They did not provide assurance to the practice that references had been received for all staff.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had not implemented the safer sharps' system. They had however, taken measures to manage the risk of sharps injuries by using a safeguard when handling needles. The risk assessment undertaken did not include the reasons for not moving to a safer sharps system.

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 professional, efficient and thorough. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

Training and development was at the forefront of this practice due to one of the dentists being a verified trainer to support newly qualified foundation dentists.

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

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

The practice was a member of a 'good practice' certification scheme.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 42 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, helpful and understanding. We received many very positive comments from patients who told us that staff went out of their way to provide a 'fantastic' service.

They said that they were given helpful, informative and honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

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

The practice had a contract with NHS England to offer emergency dental care to people who were not required to be registered with the practice. This service was provided to people who contacted the practice directly or NHS 111 with a dental emergency. The service was provided during opening hours, seven days a week and over 365 days a year.

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

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

No action 

Are services well-led?

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

The 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.

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. The lead for safeguarding concerns was the practice manager.

We saw evidence that staff received safeguarding training on an annual basis. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff were not specifically aware about submitting a notification to the CQC.

The system used 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 was an electronic note inserted on to a patients record.

The practice had a whistleblowing policy. The policy did not include the contact details of any external agencies to report concerns to. Following our inspection, we were shown an updated copy of the policy which included this information.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw that kits were available.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. There were arrangements with another dental practice that could be used in the unlikely event of the premises being unfit for use.

The practice had a recruitment policy and checklist to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. We found that most information required under The Health and Social Care Act 2008 (regulated Activities) Regulations

2014, Schedule 3 was present. We noted that references, or other evidence of satisfactory conduct in previous employment were not available for a member of the team. We were informed that this function was undertaken at the provider's head office. Following our inspection, copies of references previously obtained were located and sent to us.

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 appliances.

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 saw records dated within the last twelve months.

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 practice had not implemented the safer sharps' system. They had however, taken measures to manage the risk of sharps injuries by using a safeguard when handling needles. The risk assessment completed included a measure that nurses were not to handle used

Are services safe?

needles. It did not however include the reasons for not moving to a safer sharps system. On the day of our inspection, a needlestick injury occurred and we saw that necessary steps were taken to assist the dentist affected.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We noted that the effectiveness of the vaccine was not always checked. We discussed this with the practice manager and they told us they would take immediate steps to obtain this information where we had identified it as missing in records. Following our inspection, we were sent further information regarding staff immunity status.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff also rehearsed scenarios in practice meetings.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept daily 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, the dental hygienists and hygiene 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 procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted that the wooden window board that separated the two decontamination rooms required sealing as bare wood was exposed that could absorb liquids; this could not be effectively wiped. Following our inspection, we were sent evidence to show that action was being taken to rectify the issue.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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. The latest risk assessment was undertaken in April 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice utilised an external contractor to clean the premises. 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 clinical waste was segregated and stored appropriately in line with guidance.

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

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings 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 complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

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

Are services safe?

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

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

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out annually with comparative review.

Track record on safety

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues. On the day of inspection, we were unable to look at a lone worker risk assessment for a member of staff who on occasions worked alone; we were informed that they held the assessment off site. Following our inspection, we were sent a copy of the document.

The practice had processes to monitor and review accidents when they occurred. We looked at records relating to four accidents that had been reported since March 2018. The accidents had been investigated, documented and discussed with the dental team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong. We reviewed five detailed untoward incidents that had been recorded since June 2017. 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. For example, following an incident when a patient became unwell, a decision was made to obtain contact details from every patient, for a person that could be contacted if a similar incident occurred again. Incidents we looked at also supported that staff responded appropriately when any patients had become unwell.

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 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 noted that the practice did not have a log to record any action taken in response to relevant alerts issued. The practice manager told us they would seek to implement one.

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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. There was scope for some dentists to review national guidelines and guidance in order to update their current knowledge.

The practice was an approved training practice for dentists new to general practice. Ongoing support and supervision was provided to the new dentist by one of the dentists who was a verified trainer.

The practice was a member of a 'good practice' certification scheme.

The practice technology and equipment included six intra-oral X-ray machines to enhance the delivery of 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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children 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.

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

The dentists described to us the procedures they used to improve the 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.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance 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 clinical 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.

We discussed issues regarding consent with some non-clinical staff members. We found that the practice would benefit from further discussion about consent, particularly in relation to legal guardianship issues.

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 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. For example, the lead nurse was radiography trained and was undertaking an oral health educators course. The trainee nurses received support from the lead nurse and practice manager. Study time was paid for by the practice.

Are services effective?

(for example, treatment is effective)

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. 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 to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice 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.

The practice monitored all referrals to make sure they were dealt with promptly. We noted that patients were not offered a copy of their referral.

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 caring, helpful and understanding. We received many very positive comments from patients who told us that staff went out of their way to provide a 'fantastic' service.

We saw that staff treated patients respectfully, appropriately and kindly. They were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. A number of comments included that staff helped put children and their parents at ease, if they were worried about their visit. Patients also told us staff were kind and helpful when they were in pain, distress or discomfort.

We looked at feedback left on the NHS Choices website. We noted that all 19 reviews left in the previous 12 months were very positive and included comments regarding efficiency in obtaining an appointment, staff attitude and effectiveness of treatment.

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 the waiting area provided some 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.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. Information about this service was included in the practice information leaflet. There were also some members of staff who spoke Polish and could assist if required. Staff told us that the interpreter service had not been used to date. We found that the practice had on occasion, utilised family members of patients to interpret on their behalf. This may present a risk of miscommunications/ misunderstandings between staff and patients.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available if requested.

The practice 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 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, models, software, information shown from websites and leaflets. These were shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

For example, staff told us how they met the needs of more vulnerable members of society such as patients with a learning difficulty and those living with other long-term conditions. The practice manager told us that they had accompanied a particularly anxious patient into the treatment room to help them feel at ease.

Patients described high levels of satisfaction with the responsive service provided by the practice. Many comments made reference to the responsiveness of the practice in allocating appointments that suited people's needs.

The practice, currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice was fully accessible for patients who used wheelchairs and those with mobility problems.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

A Disability Access audit had been completed in April 2018 and an action plan formulated in order to continually improve access for patients.

Staff issued text and telephone reminders for patients prior to their appointments.

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 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 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 practice had a contract with NHS England to offer emergency dental care to people who were not required to be registered with the practice. This service was provided to people who contacted the practice directly or NHS 111 with a dental emergency. The service was provided during opening hours, seven days a week and over 365 days a year. Appointments were kept free on a daily basis to facilitate this service.

The practices' website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not closed. Patients were advised to contact NHS 111 when this practice was closed. Patients confirmed they could make routine and emergency appointments easily and most stated they were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

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

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

We looked at comments, compliments and complaints the practice received within the previous 12 months.

These showed the practice responded to concerns appropriately. Whilst we were informed that discussions took place amongst the staff to share learning and improve the service, practice meeting minutes we reviewed did not include detail regarding learning points.

Are services well-led?

Our findings

Leadership capacity and capability

The leaders had the capacity and skills to deliver high-quality, sustainable care. They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

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.

The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

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. For example, following a complaint being received, appropriate steps were taken when a clinical error was found to have occurred.

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

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

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, staff and external partners to support high-quality sustainable services.

The practice used surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, contingency plans were implemented to cover for dentists' sickness and a staff team building event was being planned.

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, if considered appropriate.

Continuous improvement and innovation

Are services well-led?

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, antimicrobial and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice was a training practice for newly qualified dentists.

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

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