

## David Gill & Associates Partnership

# 518 Dental

## Inspection Report

518 Bury Road  
Rochdale  
OL11 4DQ  
Tel: 01706 527127

Date of inspection visit: 15 April 2019  
Date of publication: 20/05/2019

### Overall summary

We carried out this announced inspection on 15 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

518 Dental is in Rochdale and provides NHS 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 on local side streets.

The dental team includes four dentists (two of whom are principals) and seven dental nurses (two of whom dual role as the practice manager and receptionist), the remaining five dental nurses are trainees. The practice has four treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at 518 Dental is one of the principal dentists.

On the day of inspection, we collected 34 CQC comment cards filled in by patients. All comments reflected positively on the service.

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

The practice is open: Monday to Thursday 9am to 5:30pm and Friday 8am to 3pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures. Improvements could be made to the process to ensure they fully reflect published guidance.
- Staff knew how to deal with emergencies. Improvements could be made to ensure all appropriate medicines and life-saving equipment was available in line with guidance.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement. Improvements could be made to ensure audits were completed effectively and learning outcomes were documented.

- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

During the inspection we identified an area of notable practice in respect to their responsiveness to the needs of different people including those in vulnerable circumstances. We saw evidence of team involvement in practice and within the wider community. The practice was involved in the following in-house and external initiatives with the aim of promoting oral health and helping to improve care. In particular: Healthy Living dentistry and Baby Teeth Do Matter which are part of the Greater Manchester Combined Authority initiative, Rochdale connecting You, Homeless Alliance Response Team (HART) and links to Dental Public Health.

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

- 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'. In particular: Use of personal protective equipment (PPE), instrument cleaning and water temperature monitoring.
- Review the availability of equipment and medicines in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council and the British National Formulary.
- Review the practice's protocols to ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# 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 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.

Premises and equipment were clean and properly maintained. We found the practice followed national guidance for sterilising and storing dental instruments, but improvements could be made to the cleaning process and use of personal protective equipment.

The practice had suitable arrangements for dealing with medical and other emergencies. The process to manage medical emergency equipment and medicines in line with guidance could be improved.

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 always delivered with a kind and considerate approach and always treated with dignity and respect. 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 offered a fluoride clinic three times a week for children aged 3 to 16 years. This service was delivered by a dental nurse who had undertaken additional training.

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

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 34 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very knowledgeable, professional and kind.

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.

No action



# Summary of findings

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 took account of 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 and had arrangements to help patients with dexterity impairment, sight or hearing loss.

The team were able to communicate in several different languages, including, Urdu, Punjabi, Russian and Lithuanian.

The practice was involved in local community initiatives such as the 'Homeless Alliance Response Team' (HART) and 'Rochdale Connecting You'.

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 provider monitored clinical and non-clinical areas of their work, this included asking for and listening to the views of patients and staff. Improvements could be made to ensure audits have documented learning points and the resulting improvements can be demonstrated

No action



# Are services safe?

## Our findings

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

The practice had 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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Staff felt 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. 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 documented in the dental care record and a risk assessment completed.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

agency and locum staff. These reflected the relevant legislation. We looked at all staff recruitment records. These showed the practice followed their recruitment procedure.

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.

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.

The practice had suitable arrangements to ensure the safety of the X-ray equipment 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; data was collected during the audit but no analysis of results or learning outcomes were documented. We highlighted this to the principal dentists who assured us this would be addressed.

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

### **Risks to patients**

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

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

# Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

Except for four items, emergency equipment and medicines were available as described in recognised guidance. We noted the following items required attention:

- Adult and Child self-inflating bag with reservoir were not present
- Clear face masks, sizes 0-4 for the self-inflating bag were not present
- Midazolam (buccal) – a single dose of 10mg present; insufficient dosage for a repeat administration.

These items were ordered during the inspection day and supporting evidence was sent to us the following day. The provider assured us that a system would be introduced to ensure that in future, they remained in line with recognised guidance.

Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. Additional dental nurse support was provided when the fluoride clinic took place.

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. Except for three practical errors we identified, they followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

The practice had arrangements for transporting, checking, sterilising and storing instruments in line with HTM 01-05, we identified where some adjustments could be made to improve the instrument cleaning process to bring it in line fully with guidance. For example:

- We observed dental instruments were cleaned under running water.
- The water used to soak dental instruments was not temperature monitored.
- Full PPE was not worn during the instrument cleaning process.

We highlighted these areas to the principal dentists and were assured a more in-depth review of these processes would take place.

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

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

The practice 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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. A clinical waste audit had been carried out, data was collected during the audit but no analysis of results or learning outcomes were documented. We highlighted this to the principal dentists who assured us this would be addressed.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. It had not identified the practical errors we identified during the inspection day. We discussed this with the principal dentists who agreed that a more robust system was needed.

## Information to deliver safe care and treatment

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

# Are services safe?

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.

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

## **Safe and appropriate use of medicines**

The 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. The most recent audit demonstrated the dentists were following current guidelines.

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. The practice had recently implemented a system to identify, record and monitor incidents. We saw this was recorded as an agenda item in practice meeting minutes and all staff were aware of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2005.

We were told in the previous 12 months there had been no safety incidents.

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 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.

### 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 and adults based on an assessment of the risk of tooth decay. This was typically delivered by a dental nurse who had undertaken additional training.

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 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 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 may 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; data was collected during the audit but no analysis of results or learning outcomes were documented. We highlighted this to the principal dentists who assured us this would be addressed.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, for example, a dental nurse had undertaken additional training in fluoride application.

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



# Are services effective?

(for example, treatment is effective)

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care 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 dental 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.

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

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

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

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

### **Privacy and dignity**

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

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. Interpreter services were available for patients who did not use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.

Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available. Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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 and practice information booklet 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 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.

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. For example, patients who use a wheelchair are encouraged to use the step free entrance into the practice where they can wait upon a higher-level waiting area, avoiding internal steps.

Staff were clear on the importance of emotional support needed by patients when delivering care.

During the inspection we identified areas of notable practice in respect to their responsiveness to the needs of different people including those in vulnerable circumstances. We saw evidence of team involvement in practice and within the wider community. The practice was involved in the following in-house and external initiatives with the aim of promoting oral health and helping to improve care. In particular:

- Healthy Living dentistry and Baby Teeth Do Matter which are part of the Greater Manchester Combined Authority initiative - The Healthy Living Dental Practice (HLD) framework is focused on improving the health and wellbeing of the local population and helping to reduce health inequalities through the provision of inclusive, holistic high-quality care in general dental practice across Greater Manchester.
- Rochdale connecting You – their involvement in the scheme links patients to local 'connectors' who aim to deal with any health or social wellbeing needs. They gave examples of when they have identified a need for additional help and signposted the patient to it (i.e. elderly parent showing signs of dementia)
- Homeless Alliance Response Team (HART) – This is a volunteer health service established by Rochdale Health Alliance, the project aims to provide borough wide healthcare to those who may not be able to access it, due to various unfortunate circumstances, and bridge a

gap between patients and general practitioners. The dentists attend regularly and give oral health advice to homeless people to help reduce barriers to access and increase their awareness.

- They also have links to Dental Public Health (DPH) where they have donated toothpaste to homeless people and asylum seekers as part of a DPH project.

The practice also participated in Pride in Practice, which is a quality assurance support service that strengthens and develops Primary Care Services relationship with their lesbian, gay, bisexual and trans (LGBT) patients within the local community. The team received a gold award for their involvement and after undertaking the non-mandatory training they improved their medical questionnaire to include greater demographic detail.

The practice had made reasonable adjustments for patients with disabilities. These included ground floor treatment rooms, steps free access, a hearing loop, a magnifying glass and an accessible toilet. In addition, dexterity pens were available for patients with reduced dexterity and they used a portable payment machine to assist less mobile patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice. In addition, courtesy follow up calls are made to check on patients after difficult appointments.

### Timely access to services

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

The practice displayed its opening hours in the premises, and included it in their information booklet and on their website.

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

The practice's website, information booklet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working

# Are services responsive to people's needs?

(for example, to feedback?)

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

One of the principal dentists was responsible for dealing with these. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist 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, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found the principal dentists had the capacity and skills to deliver high-quality, sustainable care. The principal dentists demonstrated 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. They understood the challenges and were addressing them.

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 if applicable

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. 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.

They had systems in place to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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 dentists had overall responsibility for the management and clinical leadership of the practice, and were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The principal dentists involved the whole team in the inspection process and were open to feedback and discussion throughout. Any minor issues we identified on the inspection day were addressed immediately.

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 patient surveys and 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

## Are services well-led?

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

The practice's quality assurance processes could be improved to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control.

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

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.