N & N Dental Group

# Verne Road Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 23 July 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**

Verne Road Dental Practice is in North Shields and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including two dedicated spaces for blue badge holders, are available near the practice.

The dental team includes two principal dentists, eight associate dentists, a foundation dentist, 15 dental nurses (three of whom are trainees), a decontamination

# Summary of findings

operative, a dental hygienist, a dental hygiene therapist and three receptionists. The dental team is supported by a treatment co-ordinator, a group manager and a practice manager. The practice has 10 treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Verne Road Dental Practice is one of the principal dentists.

On the day of inspection, we collected 43 CQC comment cards filled in by patients. These provided a positive view of the practice.

During the inspection we spoke with five dentists, four dental nurses, two receptionists, the decontamination operative, the treatment co-ordinator, the group manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday Tuesday 9am to 6pm

Wednesday Thursday 9am to 5.30pm

Friday 9am to 5pm

Saturday- by appointment.

**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 apart from three items to aid breathing and dispersible aspirin for heart attacks. These were ordered the following day.
- The provider had systems to help them manage risk to patients and staff. The provider did not recognise their fixed wire safety inspection was overdue. This was arranged for the following week.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures, but needed to review their systems to obtain Disclosure and Barring Service checks for employees prior to employment.
- 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 practice had closed-circuit television cameras on the premises; there was no policy or data protection impact assessment in place for its use.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. Evidence of this, and provision for staff well-being, was obvious throughout the inspection day.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's recruitment procedures to ensure that Disclosure and Barring Service checks are completed prior to new staff commencing employment at the practice.

# Summary of findings

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

We always ask the following five questions of services.

| | |
|---|---|
| **Are services safe?** | **No action**  |
| **Are services effective?** | **No action**  |
| **Are services caring?** | **No action**  |
| **Are services responsive to people's needs?** | **No action**  |
| **Are services well-led?** | **No action**  |

# Are services safe?

## Our findings

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

**Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact details for reporting safeguarding issues related to children were available, but not for adults. This was added to the safeguarding of vulnerable adults policy the following day. We saw evidence that staff received safeguarding training. The practice manager had a training matrix to ensure staff were up-to-date. They had not recognised one member of staff was due their safeguarding in children training and assured us this would be followed up. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

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

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

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 has four sister practices within the North-East of England, which could provide continuity if needed.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure, apart from obtaining Disclosure and Barring Service (DBS) checks prior to employment. The practice's policy was to informally risk assess whether potential staff required a DBS based upon criteria, such as how long ago was the previous DBS check undertaken. Of four staff files we viewed, only one employee had a DBS check completed by the practice prior to employment; three had DBS certificates by their previous employers, following an informal risk assessment. We discussed the guidance in relation to undertaking DBS checks, or carrying out documented risk assessments with the practice manager who assured us would review their recruitment protocols. Following the inspection, we received evidence that risk assessments had been documented for all staff who had DBS checks by their previous employer and confirmation from the provider that these staff would also have new DBS checks carried out.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including portable electrical and gas appliances. The provider had not recognised their fixed wire electrical inspection was overdue and arranged for one the following week. The group manager assured us this oversight would not occur again.

The practice's fire risk assessment was carried out in line with the Regulatory Reform (Fire Safety) Order 2005 requirements. We saw there were fire extinguishers on both floors, fire detection systems throughout the building and fire exits were kept clear. Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

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

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

**Risks to patients**

# Are services safe?

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

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

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

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Immediate Life Support (ILS) training with airway management for sedation was also completed; however, we only saw evidence of this for the dental nurse who assisted in sedation as the principal dentist who carried out sedation was not present. They later confirmed they had completed ILS training in 2018 and had booked ILS training for 2019. In addition, the practice carried out medical emergency scenarios to ensure staff were rehearsed if a real event occurred. One scenario made the practice staff aware they had the incorrect type of needle for administering adrenaline (a medicine used for an anaphylactic reaction) and an appropriate type of needle was immediately ordered.

Emergency equipment and medicines were available as described in recognised guidance apart from one oropharyngeal airway to aid breathing, a children's bag mask and valve for breathing, masks for the breathing apparatus and dispersible aspirin for heart attacks. These were ordered the following day. We found 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, dental hygienists and dental therapists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The dedicated decontamination operative was knowledgeable about all protocols and guidance in relation to their role. 'Burs' that attach to the dental drills were not stored and reprocessed in accordance with guidance however we were assured they would be removed from the surgeries and reprocessed appropriately from now on. There were suitable numbers of dental instruments available for the clinical staff. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and were in place. Dental unit water line management was evident however the practice staff were not keeping records of flushing of the little used water outlets. They assured us they would do so.

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.

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

**Information to deliver safe care and treatment**

# Are services safe?

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

We discussed with the 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 provider had reliable systems for appropriate and safe handling of medicines.

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

We saw staff stored and kept records of NHS prescriptions. The records would not identify if a prescription sheet was missing as described in current guidance, and the practice manager assured us they would review this.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines. Posters providing information on antibiotic resistance were displayed in treatment rooms and the waiting area.

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

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been three incidents. These 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 acted to improve safety in the practice.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

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

**Effective needs assessment, care and treatment**

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

One of the principal dentists carried out dental care in domiciliary settings. They were not available on the inspection day and provided information in relation to this by e-mail. We were assured they took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The practice held meetings where quality of care was discussed between staff; these were once a month for dental nurses, every quarter for dentists, and six-monthly for the entire dental team.

**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 patients 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.

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

Dental professionals described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

We saw evidence of oral health promotion on the practice's media pages, including world oral health day and oral cancer awareness.

**Consent to care and treatment**

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

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

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

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

**Monitoring care and treatment**

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

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

The practice carried out conscious sedation for patients who were nervous. This included people who were very

# Are services effective?

## (for example, treatment is effective)

nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. The principal dentist who carried out conscious sedation was not present during the inspection. They corresponded with us appropriately through e-mail to explain their procedures and protocols. We were sent their CPD and ILS confirmation, but did not see their qualification certificate in conscious sedation. We viewed evidence of all certificates for the dental nurse who assisted them.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history; blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses were trained in additional skills such as impression taking, sedation assistance and oral health promotion.

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, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The practice was involved in training programmes for newly qualified dentists. Evidence of the support and supervision provided to trainees was apparent on the inspection day.

**Co-ordinating care and treatment**

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.

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

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

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

# Are services caring?

## Our findings

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

**Kindness, respect and compassion**

The provider, and all dental staff at the practice demonstrated kindness, respect and compassion. Staff arranged for a defibrillator to be placed on the outside wall of their sister practice, which was directly opposite to this one. A defibrillator was already present inside this practice but the provider wanted to enable the public to have access to a defibrillator when this practice was closed. In addition to this, funds are being collected to create an 'application' for mobile phones to provide information on performing cardiopulmonary resuscitation (CPR) to the public. The practice manager explained how they supported each other, in the event of significant incidents.

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. 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.

Examples of suggestions from patients that were put into practice include mirrors of different heights in the accessible toilet, dedicated car parking spaces for patients and staff answering telephone calls during the practice's lunch hour, on a rotational basis.

**Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

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

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

A video CCTV system was in operation and appropriate signs were displayed to notify people of this. The practice did not have a policy in place, and had not undertaken a privacy impact assessment or data protection impact assessment in line with GDPR requirements. The day after the inspection, a CCTV policy was created and an impact assessment was undertaken for the practice.

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

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

the Accessible Information Standard (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.

We saw interpretation services were available for patients who did speak or understand English. Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

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

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

**Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

The practice met the needs of more vulnerable patients, for example, by arranging appointments at times convenient to the patient and ensuring a sufficient appointment length was provided. For vulnerable patient groups, including, those with learning difficulties, dementia or other long-term conditions, continuity of care was prioritised, longer appointment slots were booked and patient records were annotated to ensure their preferences were recorded. To ensure patients with autism were comfortable with their care, the same dentist and dental nurse team would be booked where possible.

Staff described an example where they offered transport to a highly anxious patient who wanted an appointment as soon as possible for dental treatment under conscious sedation, but this was not available at this practice until a later date. A sister practice in the region had availability for this the same day and the practice manager offered to transport the patient there for their comfort.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. A disability access audit had been completed and an action plan formulated to continually improve access for patients. These included step free access, ground floor treatment rooms and an accessible toilet. We saw staff assisting a patient in a wheelchair on the inspection day. An induction loop was available to aid those with reduced hearing and a magnifying lens for those who required. Large print leaflets were also available.

**Timely access to services**

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were 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 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 provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

The practice manager and provider were responsible for dealing with these. Staff would tell the them about any formal or informal comments or concerns straight away so patients received a quick response. They aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if they were not satisfied with the way their concerns had been dealt with.

We looked at comments, compliments and complaints the practice received within 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

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

**Leadership capacity and capability**

We found the provider had the capacity and skills to deliver high-quality, sustainable care. Leaders, and managers, 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. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership. Staff were supported by a hierarchical management team, with dental nurses through to the practice manager, group manager and the provider each having delegated roles to oversee various aspects of governance.

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

**Culture**

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

Staff stated they felt respected, supported and valued. Time for well-being appointments was provided to those staff who needed extra support. They were proud to work in the practice.

The staff focused on the needs of patients.

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

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

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

**Governance and management**

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

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The group manager and practice manager were 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.

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

**Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

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

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

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

The provider used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions the practice had acted on.

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 provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

**Continuous improvement and innovation**

# Are services well-led?

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

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

The principal dentists 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. Team development days were planned to encourage open discussions of well-being and professional development.

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.