

Knighton Dental Practice

Pool and Gataure Dental Practice, AKA Knighton Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 17 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Summary of findings

Pool and Gataure (Knighton Dental Practice) is located in Leicester, a city in the East Midlands and provides NHS and private treatment to adults and children. At the time of our inspection, the practice was accepting new NHS patient registrations.

There is level access for people who use wheelchairs and those with pushchairs. The practice does not have car parking facilities, although there is some limited space for patients who are blue badge holders at the front of the premises. Free car parking is available on the road within close distance to the practice.

The practice is a training practice for foundation dentists.

The dental team includes six dentists (including two foundation dentists), ten dental nurses (including three trainee nurses), one dental hygienist, one dental hygiene therapist and four receptionists. A practice manager is also employed. There are six treatment rooms; two are on the ground floor.

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 managers at Pool and Gataure Dental Practice are the two principal dentists.

The practice had plans to expand their premises by building an extension at the rear. We were told that this would be used to house a treatment co-ordinators room and building would also enable another surgery room with ground floor access.

On the day of inspection we collected 29 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists (including one of the foundation dentists), three dental nurses (including one of the trainee dental nurses), three receptionists and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open:

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff 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.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- The practice 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 practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

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.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, efficient and delivered by professionals. 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. We noted that monitoring systems for some referrals could be strengthened.

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

The practice was a training practice for foundation dentists. The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

No action



Are services caring?

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

We received feedback about the practice from 29 people. Patients were positive about all aspects of the service the practice provided. We did not receive any negative feedback about the practice. Patients told us staff were efficient, helpful and sympathetic to patients' needs.

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

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

Staff considered most patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services. They did not have a hearing loop installed to assist patients who wore hearing aids. The practice manager told us that they had not considered that there was a need for this.

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. We saw evidence that staff received safeguarding training. We were informed that the trainee dental nurses and one of receptionists were due to undertake their training. Discussions were also held annually in practice meetings for staff to refresh their knowledge. Staff were not specifically aware that notification to the CQC was also required in the event of any safeguarding referrals being made. The lead for safeguarding was one of the principal dentists.

Staff told us that whilst there was not a system to highlight vulnerable patients on records e.g. safeguarding or people with a learning disability or a mental health condition, information would always be recorded in clinical records and a pop up alert could be created.

The practice had a whistleblowing policy. Staff told us they were aware of the policy and felt confident they could raise concerns without fear of recrimination. The policy included external contact details for the whistleblowing charity, Public Concern at Work.

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

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. The plan did not include details of any arrangement held with another local practice that might be able to assist in the event of the premises becoming unusable.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

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. We saw servicing and testing documentation dated within the previous twelve months.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Two members of the team had been appointed as fire wardens. Staff training in the use of handling fire fighting equipment had been booked to take place shortly after our inspection.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. We noted that a rectangular collimator to reduce patient dosage was missing from one X-ray unit. We were provided with assurance that this would be obtained and fitted. 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 risks of sharps injuries by using a safeguard

Are services safe?

when handling needles. We were informed that dental nurses did not handle used needles or dismantle matrix bands. A sharps risk assessment had been undertaken and was updated annually. We noted that the assessment could include further detail.

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 found that the effectiveness of the vaccine was not recorded on two of the staff records we looked at. We also noted that whilst two staff members had low levels of immunity recorded, a risk assessment had not been undertaken. The practice manager advised that this would be actioned.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Training last took place in December 2017. We were informed that discussions took place in staff meetings when any medicines and equipment were purchased.

Emergency equipment and medicines were available as described in recognised guidance. We noted that size 0 oropharyngeal airways was not available in the kit. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed.

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 an audit was required to check the quality of dental instruments used such as mirrors and probes, as we found some were corroded or damaged.

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

The practice utilised an external cleaning company. 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 in December 2017 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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

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

Are services safe?

Safe and appropriate use of medicines

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

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

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

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

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. We noted that the practice needed to ensure that a lone worker risk assessment had been completed for the cleaner who worked in the premises alone.

The practice had processes to monitor and review accidents when they occurred. Six accidents had been recorded within the past twelve months. The documentation we looked at included processes for risk management which were followed.

Lessons learned and improvements

The practice learned and made improvements when things went wrong. We reviewed two untoward incidents that had occurred within the previous twelve months. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. One incident recorded resulted in an appropriate response by the team when a child became unwell.

The staff were aware of the Serious Incident Framework.

There was a system for receiving and acting on patient safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice offered dental implants. These were placed by three of the dentists who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

One of the dentists provided a private orthodontics service for patients. They had undertaken appropriate training within this area. They shared their knowledge and provided development opportunities for the dental nurses by training them in orthodontics.

The practice had access to five X-ray units and one orthopantomogram (OPG) machine. An extra-oral camera was available to enhance the delivery of effective care.

The practice had been a training practice for foundation dentists since September 2016. The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. 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 outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Practice records showed that a small number of staff had yet to complete or update formalised training in patient consent.

The practice's consent policy included information about the Mental Capacity Act 2005. The staff we spoke with understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Staff training records showed that a small number of staff had yet to complete or update formalised training in the Mental Capacity Act. The practice manager assured us that plans were in place for this completion.

The consent policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff we spoke with 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

Are services effective?

(for example, treatment is effective)

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, one of the nurses was undertaking a mental health training course at college and intended to share their knowledge with other staff to raise awareness in this area. Two nurses were completing a diet and nutrition course at college to help advise patients about their health. Two dental nurses had completed radiography training and were involved in this within their roles and the practice manager had completed a leadership and management course.

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

Staff told us they discussed training needs at annual appraisals and any one to one meetings. 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 also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

We noted that the practice's system for monitoring non-hospital related referrals could be strengthened to ensure they could track their progress.

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 efficient, helpful and sympathetic to patients' needs.

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 and that staff would go out of their way to help.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Comments from patients who were nervous included that calming surroundings had been created for their comfort. Other comments included that nothing was too much trouble for staff when patients had additional needs or requirements.

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 two waiting areas provided some privacy, when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

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. 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, for example, easy read materials were made available. We were provided with an example where a patient requested large print instructions for a product they had bought. These had been obtained for the patient.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models and X-ray images. The practice had specialist software on equipment and had access to an extra-oral camera. These helped the patient and 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. Staff told us of a particular approach they used to engage with nervous patients. They also told us that they allocated longer appointment times for these patients and tried to ensure they kept any waiting times to a minimum.

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

The provider was investing in the renovation of the premises and areas of the building had been updated. Patients commented positively about the updates.

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

The practice had made some reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell. Patients with mobility problems were seen in a treatment room on the ground floor. The practice did not have a hearing loop. The practice manager told us that they had not considered that there was a need for this.

Staff told us that patients were given appointment reminders 48 hours prior to their appointment. These were by telephone, text message or email dependent upon the patient's preference.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. The next routine appointment was available the following working day.

Staff told us that patients who requested an urgent appointment were seen the same day. Emergency appointment slots were blocked out for each of the dentists in the morning and afternoon to ensure those patient needs were met.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept unduly waiting.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. NHS patients were advised to call NHS 111 and an on-call telephone number was provided for privately registered patients.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information displayed in the practice explained how to make a complaint.

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

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if considered 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 and discussed outcomes with staff to share learning and improve the service. We saw records that showed staff discussed learning points from complaints in practice meetings, once they had been resolved.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists demonstrated they had the capacity and skills to deliver high-quality, sustainable care.

The partners supported by the practice manager 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

There was a clear vision and set of values. The provider's objectives included the provision of high quality dental treatment focussing on the individual needs of their patients. The objectives also included a focus on prevention of further dental disease by means of education, information and motivation.

The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

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

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

The practice focused on the needs of patients.

Evidence we looked at showed that openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, investigations took place when complaints of a clinical nature were received and untoward incidents were reviewed by the team to ensure the most appropriate action was taken in the circumstance.

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

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

Governance and management

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

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the 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 provided us with examples that supported this. We reviewed information collated from the conduct of patient surveys. This showed performance measurement in areas such as waiting times, treatment by staff, information availability, cleanliness and comfort and knowledge of complaints procedure.

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, comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients that the practice had acted on.

Are services well-led?

For example, the volume was reduced on the television in the waiting area and subtitles were added.

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. Staff praised the practice manager for their open and friendly approach.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, radiographs and infection prevention and control, including hand hygiene audits. 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 received 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 told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

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