

Mr. Philip Bernard Garbutt

Railway Dental Practice

Inspection Report

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Ratings

Overall rating for this service

No action 

Are services safe?

No action 

Are services effective?

No action 

Are services caring?

No action 

Are services responsive?

No action 

Are services well-led?

No action 

Overall summary

We carried out this announced inspection on 2 December 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

- Is it safe?

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

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

Our findings were:

Are services safe?

Summary of findings

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Railway dental practice is in Penkridge, Staffordshire and provides NHS and private dental care and treatment for adults and children.

There are two entrances to the practice, the side entrance door is accessible by a fixed ramp for use by people who use wheelchairs and those with pushchairs. The practice has a car park which also includes dedicated parking for people with disabilities.

The dental team includes one dentist, five dental nurses and two dental hygienists. Four of the dental nurses are also trained to work on reception. The dentist and one of the dental hygienists are the practice owners, the dental hygienist also works as the practice manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 50 CQC comment cards filled in by patients.

During the inspection we spoke with the dentist, three dental nurses and one dental hygienist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Thursday 9am to 5pm, Tuesday 8.30am to 5pm, Wednesday 1pm to 7pm, Friday 8.30am to 4pm. The practice is closed for an hour at lunchtime each day, apart from Wednesday. The practice is also open one Saturday each month from 9am to 12.30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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 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 a culture of continuous improvement.
- Staff felt involved and supported and worked 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 information governance arrangements.

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

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental 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?

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

No action ✓

Are services safe?

Our findings

We found 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. Staff were aware whom within the practice to speak to if they had any safeguarding concerns. Various resources and reporting flow charts were available for staff. Contact details for the organisations responsible for the investigation of safeguarding were easily accessible and were reviewed on a regular basis to ensure they were up to date. We saw evidence that staff had received safeguarding training and safeguarding was discussed at a practice meeting. 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 also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

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), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. Separate rooms were available for decontamination of 'dirty' instruments and processing of clean instruments. Records showed equipment used by staff for cleaning and sterilising instruments was validated,

maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were 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 in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The practice employed a cleaner who worked each morning before the practice opened. The cleaner worked alone at the practice but systems were in place to ensure their safety. This staff member also took part in training updates such as fire drills and basic life support training.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

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

The provider had a Speak-Up policy. This included contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. Staff felt confident they could raise concerns without fear of recrimination, we were told it was a very open and honest practice and staff were encouraged to raise issues.

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

Are services safe?

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. Recruitment files contained standardised information for all staff. These were well organised and complete and showed the provider followed their recruitment procedure. The provider had recently updated disclosure and barring service checks for all staff. Recruitment files were securely stored. We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The majority of staff had been employed at the practice for over five years.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw a gas safety certificate dated October 2019 and an electrical installation certificate dated 2015. Portable appliances had been checked on a regular basis and stickers were on equipment to demonstrate the date of last testing.

A fire risk assessment was carried out in line with the legal requirements on 9 December 2018. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records showed that the fire detection system was last serviced in March 2019. We saw that this included the fire alarm and emergency lighting. Fire extinguishers were serviced in September 2019. We saw evidence that the last fire drill recorded was November 2019. Staff told us that they also discussed what to do in the event of a fire and the action they should take. Records were available to demonstrate that staff had completed fire awareness training and some had also completed fire marshal training.

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

Dental records that we saw did not evidence that the dentist justified, graded and reported on the radiographs they took on each occasion. We were told that changes would be made to the reporting template to help ensure this took place. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented 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. Various risk assessments were available, for example risk assessments were available regarding sharps, legionella, fire and health and safety. The provider had current employer's liability insurance dated February 2019.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. The provider was using a safer sharps system and confirmed that they were responsible for use and disposal of all sharp objects. A sharps risk assessment had been undertaken and a sharps policy was available, these documents were updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. However, records for two staff members did not show that the effectiveness of the vaccinations was checked. The provider confirmed that this would be addressed immediately. Following this inspection, we were forwarded two completed risk assessments. We were also sent evidence to demonstrate that blood tests had been completed and staff were awaiting the outcome of these to demonstrate the effectiveness of the vaccinations.

Staff had completed sepsis awareness training and discussions had been held during a practice meeting. Sepsis prompts for staff and information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

Are services safe?

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had a file which contained risk assessments to minimise the risk that can be caused from substances that are hazardous to health. A separate file was available for the material safety data sheets for each product in use. Information was stored in both files in alphabetic order and was easily accessible.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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 as described in current guidance.

Antimicrobial prescribing was discussed, no prescribing audit had been undertaken. The dentist required some updating regarding the current guidance with regards to prescribing medicines and confirmed that this issue would be addressed with immediate effect. We were told that an audit would be commenced which would help to ensure staff were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice. We saw that information was recorded regarding any significant events. Discussions were held at a practice meeting to prevent such occurrences happening again in the future. The practice had an accident policy and an accident book and reporting forms in accordance with the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR). We were told that there had been no RIDDOR incidents at the practice. Accidents were also recorded on event forms and monitored to ensure appropriate action was taken to prevent re-occurrence wherever possible.

The provider had 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 and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

We found 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 professionals up to date with current evidence-based practice. We were told 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 although there was scope to improve patient dental records to demonstrate this on each occasion.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. The dental hygienist had visited a local school to provide a presentation on oral health. Children were given "goody bags" containing toothbrushes, timers and oral health information and products. A local cub group visited the practice and learnt about the work of a dental practice and were provided with oral health information.

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

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

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. All patients were given a written treatment estimate before any treatment commenced. The dentist told us that they verbally gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. This was not always documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. Staff we spoke with showed an understanding of 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. There was scope to ensure sufficient detail was always recorded in all patient dental care records to ensure the dentist assessed patients' treatment needs in line with recognised guidance. For example, the dentist was not always recording risk assessments regarding tooth wear, oral cancer or gum disease and treatment options were not always documented. The dentist was aware of this and confirmed this had been identified in recent patient record audits. We were told that improvements would be made and consideration was being given to amending the reporting template on patient records to ensure this information was recorded.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The majority of dental nurses were also trained to work on reception and were able to cover at times of annual leave.

Staff new to the practice had a structured induction programme. This included probationary meetings during the first three months of employment. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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 for treatment the practice did not provide.

Are services caring?

Our findings

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

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 professional, helpful and understanding. One patient commented "If I moved to Scotland I would still remain a patient of Railway dental". We saw staff treated patients in a caring respectful manner and were friendly towards patients at the reception desk and over the telephone. All patients were met by the dental nurses or the hygienist in the waiting room and escorted to the treatment rooms.

Patients said staff were compassionate and understanding. We were told that Railway dental provided an "excellent, caring service, always pleasant, polite and approachable". "Mr Garbutt and staff are very adept at putting me at ease. Surroundings are very calm and pleasant".

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told "staff are always pleasant and helpful, eager to listen. Treatment is good and any problems are sorted quickly".

Patient survey results were on display on the noticeboard in the waiting area for patients to read.

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 some privacy when reception staff were dealing with patients. A television was playing in the waiting area located away from the reception desk. This helped to ensure that conversations held at the reception desk could not be heard by those seated in that area. If a patient asked for more privacy, the practice would respond appropriately. 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.

All consultations were carried out in the privacy of the treatment room and we saw that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Guidance was available for staff for accessing a telephone interpreter and for patients to inform them that interpretation services were available. Information was available to demonstrate that information could be made available in braille, large print, audio CD and cassette.
- Staff told us that they did not have any difficulty communicating with patients and the majority could speak and understand English.

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 dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images. Reception staff said that they also asked patients if they had any questions about their treatment before they left the practice so that they could give further information if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting patients who were anxious about visiting the dentist. We saw staff chatting to patients to try and make them feel at ease. We were told that some patients liked to chat to reception staff whilst others watched the television to try and distract them when waiting to see the dentist. Patients were able to bring a friend or relative with them to their appointment. Music was played in the treatment room to create a relaxed atmosphere. The dentist said that the best way to help relax patients was by spending as much time as needed, working at a pace that suited the patient and explaining things in detail. One patient commented that "it has transformed my experience since attending here from nervous to confident – very good".

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service. Fifty cards were completed, giving a patient response rate of 100%, 100% of views expressed by patients were positive. Common themes within the positive feedback were for example, friendliness of staff, quality of service, cleanliness of the practice, and a relaxed, calming atmosphere.

The practice had made reasonable adjustments for patients with disabilities. This included step free access to the side of the practice and accessible toilet with hand rails and a call bell. A selection of reading glasses was available upon request from the receptionist. The reception desk had a lowered area to ensure patients using wheelchairs could be clearly seen and supported.

The practice did not have a hearing loop but had reviewed this and held discussions regarding the need for this equipment.

Staff sent text or email messages to patients to remind them of their appointment. Those patients who did not have access to email or text were sent a letter reminder. Courtesy calls were also made to some patients following any lengthy dental treatment or extraction.

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 offered an appointment the same day. Two appointment slots were kept free each day to be used by patients in dental pain. Once these appointments were filled patients were asked to attend nearer to the end of the working day and asked to sit and wait to see the dentist. 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 dentist working there for a number of hours each night and weekend when the practice was closed. The 111 out of hours service was also available and the practice was also part of an on-call rota with other neighbouring dentists, patients were directed to the appropriate out of hours 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

Staff told us that complaints and concerns were taken seriously and responded to appropriately to improve the quality of care. The practice manager was the complaints lead and staff spoken with were aware that all complaints

Are services responsive to people's needs?

(for example, to feedback?)

should be forwarded to them. 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. We were told that staff would always try to resolve any verbal complaints immediately.

The provider had a policy providing guidance to staff about how to handle a complaint.

The practice manager 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 manager had dealt with their concerns. A copy of the practice's complaint procedure was on display in the waiting room and a complaint poster was available in pictorial format.

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice acted in accordance with Duty of Candour requirements and took action to ensure that issues identified were addressed.

Are services well-led?

Our findings

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they maintain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the 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. We were told that they were praised for a job well done, worked well together as an efficient team and were proud to work in the practice. Staff said that they could speak to the provider at any time to raise concerns, suggest improvements and request training. We were told staff at the practice were like a second family.

The practice aims and objectives were set out in their statement of purpose. It was evident through discussions with staff and feedback from patients that staff were

working in accordance with the practice aims to "provide consistently good quality for all patients and only provide services that meet patients' needs and wishes". One patient told us "I have always had a very positive experience at Railway dental practice throughout the many years of being their patient. I have, without exception, been treated with respect and kindness and however difficult the procedure has been I have had confidence in both (name) and the dental nurses and the hygienist to keep me safe and comfortable. The staff are very professional, friendly and experienced".

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. All staff were included in the annual appraisal process including the practice owners.

The staff focused on the needs of patients. Staff told us that ensuring patients were put at ease, comfortable and happy was their top priority.

We saw the provider had systems in place 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

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service with support provided by the practice manager. Staff knew the management arrangements and their roles and responsibilities.

The provider had purchased a compliance system which included policies, procedures, risk assessments and audit documentation. These had been adapted to meet the needs of the practice and had been implemented and were well embedded. Staff had signed to demonstrate that they

Are services well-led?

had read documentation and these had been discussed at practice meetings. Policies seen recorded a date of implementation and review. Information was available to staff on computer desktops and could be made available in hard copy format if requested.

Information was available on noticeboards in the waiting room for patients giving information about the patient information held at the dental practice and how they used it.

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 the service. For example:

The provider used patient surveys, comment cards and encouraged verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had requested a water dispenser in the waiting room. The results of the most recent patient satisfaction survey were on display on the noticeboard. This also documented suggestions made by patients and details of any action taken to implement these suggestions.

We saw that patients had provided feedback using the compliments, comments and complaints box in the waiting area. Positive feedback was demonstrated throughout 2019.

A newsletter produced at the practice and was available to patients in the waiting room. This included information and updates.

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. We saw FFT results for January to October 2019. Results were positive and 100% of patients who responded in July would recommend this practice to friends and family. Results were consistently high in other months during 2019.

The provider gathered feedback from staff through meetings 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

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

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

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.