

Kalemore Ltd

Forest Road Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 26 April 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

Forest Road Dental Practice is in Loughborough, a town in the Charnwood borough of Leicestershire. It provides NHS treatment to children and private treatment to adults.

There is level access for people who use wheelchairs and those with pushchairs with use of a portable ramp. Car parking spaces are available in the practice's car park at the rear of the building.

Summary of findings

The dental team includes three dentists, five dental nurses, one trainee dental nurse, two dental hygienists, a reception manager and a practice manager. The practice has four treatment rooms; these are all located on the ground floor.

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

On the day of inspection we collected 31 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses, the trainee nurse, one hygienist and the reception manager.

We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday, Wednesday and Thursday from 7.30am to 4pm and Friday from 7.30am to 1pm.

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, although we noted that some items were missing on the day of our inspection. An order for these items was placed the same day and the practice advised us afterwards that they had been received.
- 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 committed and effective leadership and were in the process of developing a culture of continuous improvement.
- Staff felt involved and supported by the provider.
- 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

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

Staff received training in safeguarding 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, of a high standard and administered by professionals. The dentists discussed treatment with patients so they could give informed consent.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. We found that the process for logging and tracking referrals could be improved.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. We noted the provider's commitment to encouraging staff professional development. They contributed financially to staff training and ensured protected learning time for apprenticeship nurse training.

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 31 people. Patients were positive about all aspects of the service the practice provided. They told us staff were marvellous, delightful and warm and welcoming. We did not receive any negative feedback about this practice.

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

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

No action



Summary of findings

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 patients' different needs. This included providing facilities for disabled patients and families with children.

The practice did not have access to interpreter services or have a hearing loop installed. We were informed that the practice had not identified a requirement for these services. The practice had completed an access audit and had implemented an action plan as a result.

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 by the provider.

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, which was required to be undertaken every two years at the practice. We noted that the trainee dental nurse was due to complete their training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. 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. This included contact details for reporting whistleblowing concerns to the charity 'Public Concern at Work'. Staff told us they felt confident they could raise concerns without fear of recrimination.

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 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 the practice would deal with events that could disrupt the it's normal running. The plan was implemented in October 2017.

The practice had a staff 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 practice followed their recruitment procedure.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. 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. The provider told us they had plans to install a linked wireless fire system and emergency lighting.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. We noted that rectangular collimators were not fitted to all the X-ray machines. The practice told us they would fit these immediately. The practice 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 staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was mostly checked. We noted that one of the dental nurses had received the vaccine, but their immunity level was not recorded. The practice told us they would take immediate action to obtain this information.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Training was last completed by staff in January 2018. One of the principal dentists told us they had plans to undertake rehearsals at a future staff meeting to refresh staff knowledge.

Emergency equipment and medicines were available as described in recognised guidance, although we noted some exceptions. A pocket mask with oxygen port, portable suction, size four oropharyngeal airways, and adult and child clear face masks for self-inflating bag were not present when we checked. We were shown evidence on the day of inspection that an order for these items had been placed. After the inspection, the practice confirmed that the items had been received.

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

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

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. The practice manager was the lead for infection prevention and control. 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. 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. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice employed their own cleaner to undertake general duties. 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 April 2018 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.

Safe and appropriate use of medicines

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

Are services safe?

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 most safety issues. We noted that a lone worker risk assessment had not been completed for staff who worked alone however, and a policy for this also required implementing.

The practice monitored and reviewed accidents when they occurred. This helped staff to understand risks and gave a clear, accurate and current picture that led to safety

improvements. We looked at records relating to three accidents which had been reported in 2017. The provider had obtained disposable matrix bands for staff to use in response to some accidents reported. This was implemented to reduce the risk of injuries occurring.

Lessons learned and improvements

The practice learned and made improvements when things went wrong. We reviewed six untoward incidents that had been recorded since October 2017. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. We noted a positive incident recorded which involved an appropriate response by the team when a member of staff 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 had access to intra-oral cameras to enhance the delivery of care.

The current provider had taken over the running of the practice in October 2017. They told us about their commitment to 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. Patient comments received in our comment cards included that there was a strong focus on preventative care.

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. Those seeking smoking cessation support were referred to their local GP.

The dentists and dental hygienist 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. We found that verbal consent was not always documented in a sample of records we reviewed. 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 in our comment cards that their dentist listened to them and gave them clear information about their treatment.

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

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

Monitoring care and treatment

The practice kept mostly detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We noted variation in the level of detail of recording in the sample we looked at. One of the principal dentists assured us that measures were being taken to ensure a consistent approach by all. 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. We noted the provider's commitment to

Are services effective?

(for example, treatment is effective)

encouraging staff professional development. They contributed financially to training for dental nurses and ensured protected learning time for apprenticeship nurse training.

One of the principal dentists and the practice manager recently updated their knowledge on the new General Data Protection Regulation (GDPR) requirements and plans were underway to implement the changes required.

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 or one to one meetings. We saw that the provider had plans for the completion of all staff appraisals and we noted that they 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 found that not all of the dentists monitored referrals to make sure they were dealt with promptly. One of the dentists we spoke with had not implemented a tracking and monitoring system to ensure that referrals made, had been received.

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 marvellous, delightful and warm and welcoming. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone. We noted that the reception manager knew the patients as a result of their many years spent working in the practice; we noted their dedication in ensuring high patient satisfaction.

Many patient comments received in our comment cards included that staff were compassionate and understanding. One comment card stated that staff really cared about what they did and how they made patients feel.

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

Information was displayed in the practice waiting area on a notice board. Children's activities and a selection of magazines were provided whilst patients waited for their appointment.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they could 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. The provider told us that they intended to become a paperless practice by 2019. At the time of our inspection, the clinicians were using a dental software package for their written notes.

Involving people in decisions about care and treatment

The practice made some considerations to enable patients to be involved in decisions about their care and were aware of the requirements under the Equality Act.

- The principal dentists told us that because of the geographic location of the practice, access to a translation service was not required. Staff did speak Urdu and Punjabi if a patient attended who spoke these languages.
- The practice did not currently have access to easy read materials and information in Braille; we were informed that access to this information would be considered in a future action plan, if it was identified that any patients would require this.
- We were told that longer appointments were available for patients whose needs required this.
- Detailed treatment plans were printed for patients to take away with them and we were informed that these would assist patients with memory problems.

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 provided patients with information about the range of treatments available at the practice. The principal dentists told us that they had plans to update their website.

The dentists described to us the methods they used to help patients understand treatment options and complex dental issues. These included X-ray images, photographs, models, a dental microscope and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. We were provided with examples about how the team met the needs of more vulnerable members of society such as patients with dental phobia, patients living with dementia and patients with other long term conditions, such as diabetes. We were also informed that one of the aims of the practice was to become a certified centre for the treatment of patients with dental phobias.

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

Patient comments in our comment cards included that staff were accommodating to the needs of families and a nervous patient said that staff went out of their way to make them feel comfortable. Another comment included that a patient's treatment was prioritised due to their time pressures.

The practice had made some reasonable adjustments for patients with disabilities. These included step free access with use of a portable ramp and accessible toilet with a hand rail. A call bell was not installed. Patients were seen on the ground floor which benefitted those who had mobility problems. We noted that the practice did not have a hearing loop installed to assist patients who wore hearing aids.

The practice had recently undertaken an Equality Act audit to improve access for patients. This contained an action plan which included changing the door handle in the patient toilet, so the door could be opened from the outside in the event of an emergency and installing a call bell.

Staff told us that they contacted patients in advance of their appointments to remind them to attend and patients could choose either a text, email or letter as a preference. The reception manager told us they would also telephone patients who were due to attend for an appointment a day in advance, if they knew that a particular patient liked to receive a further prompt.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice offered early morning opening to accommodate patients who worked and families with school age children.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. We saw that time was blocked on a daily basis for emergency appointments. Many 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 waiting.

The practice took part in an emergency on-call arrangement with some other local practices.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. 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. The practice displayed their complaints policy on the notice board in the waiting room.

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 principal dentists told us they aimed to settle complaints in-house and would always invite patients to speak with them or the practice manager, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and one complaint that the practice had received within the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

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

The principal dentists supported by the practice management team had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Staff were knowledgeable about issues and priorities relating to the quality and future of services. We were provided with area statistical information which had been collated by the principal dentists. This showed general health information about the local population and the dental care provision available within the area. The clinical team 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.

Whilst the current provider had worked in the practice a short time, they had effective processes to develop leadership capacity and skills.

Vision and strategy

There was a clear vision and set of values. The mission statement included the practice's aim to provide all of their patients with the highest standard of dental care, in a warm caring, honest and professional manner. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice was developing a culture of high-quality sustainable care.

Staff we spoke with stated they felt respected, supported and valued by the provider. They were proud to work in the practice. A member of the team who had worked in the practice for many years told us that they had seen many positive changes since the current provider took over the running of the practice. We noted that staff were working to achieve best practice. The practice focused on the needs of patients.

Any poor performance by staff was managed effectively.

Openness, honesty and transparency were demonstrated by staff when responding to incidents and complaints. We saw detailed records held which supported this approach. For example, following a complaint, appropriate investigations were undertaken including relevant staff being spoken with. An open and responsive approach was demonstrated with all parties involved.

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

Staff we spoke with told us they were able to raise concerns and were encouraged to do so by the provider. 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 had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

Are services well-led?

The practice had used patient surveys, written and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, patients had requested more reading material in the waiting area. The practice had also included in their action plan, disability grip handles in the car park to aid patients with mobility problems. This was identified during a conversation held between a member of staff and a patient.

The practice 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. Changes were made to help staff undertake their role more effectively. For example, an automated email/text recall system was introduced and changes were made within decontamination procedures.

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.

Continuous improvement and innovation

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

The principal dentists told us about their commitment and progress in improving the standard of audits and data

collection since they took over the running of the practice. 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. 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.

There were plans in place for the whole dental team to have annual appraisals. These were ongoing following the current provider taking over the practice in October 2017.

The leadership 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.