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Mere Green Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 30 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mere Green Dental Care is in Sutton Coldfield and provides NHS and private treatment to adults and children.

The practice is situated on the first floor and there is no level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice within a public car park.

The dental team includes two dentists, one dental nurse and one receptionist. The practice has one treatment room although the practice is currently undergoing renovation to include an additional treatment room and a separate room for carrying out decontamination.

Summary of findings

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 34 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, one dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday / Tuesday / Thursday: 8.30am – 5pm

Wednesday: 8.30am – 6pm

Friday: 1pm – 5pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance. Improvements were made to strengthen processes within 48 hours of our inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had completed training in safeguarding.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. In particular, ensuring that staff are carrying out safety checks in line with guidance.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competency, and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. However, one staff member had not completed training in safeguarding to the required level. This was completed within 24 hours of our visit.

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. The emergency oxygen cylinder was large and heavy and this may have an impact on how quickly it could be transported around the practice in an emergency.

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, outstanding and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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

The staff were involved in quality improvement initiatives such as peer review as part of its 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 34 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were lovely, friendly and dedicated.

They said that they were given informative 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.

No action



Summary of findings

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

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work 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 and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Safeguarding contact details and flow charts were displayed in the reception area. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. However, staff were not aware that a safeguarding referral required notification to the CQC.

We saw evidence that all staff had received safeguarding training. One member of staff was not trained to the appropriate level. Following our visit, we were sent evidence to show that this staff member completed the recommended training on the same day as the inspection.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

An alert or note could be created to convey this on patients' electronic records.

The practice had a whistleblowing policy and this was previously displayed in the staff room. We were told that it was taken down recently as the practice had commenced refurbishment. It included both internal and external contacts for reporting. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. This was available in latex and latex-free material.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three 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 appliances. The annual gas certificate had expired in December 2018 but it was renewed the day before our visit. The provider assured us this would be carried out in a timely manner at the next renewal.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. The practice carried out fire drills every six months and the provider was a trained fire marshal.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The receptionist was completing these audits but they had not completed any qualifications in radiography. The provider told us that any further audits would only be completed by the dentists. The previous audits did not separate the different types of X-rays taken and the provider told us that future audits would each focus on the different types. A copy of the revised audit showing this was sent to us within 48 hours of our visit.

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.

Are services safe?

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

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

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

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that the emergency oxygen cylinder was large and heavy which might cause issues with transporting it around the practice quickly in the event of an emergency.

A dental nurse worked with the dentists 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 occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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 (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 practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We noted that the position of the autoclave was a potential hazard as it was difficult to access. The provider acknowledged this and told us they

moved it within 48 hours of our visit. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. An external specialist had completed a risk assessment in 2011 but the provider had completed one more recently. However, some of the recommendations and procedures were incorrect for water testing. The provider informed us that training had been added to the agenda for the practice meeting to ensure that all staff are fully competent. The practice had not made any arrangements for an external specialist to assess the practice again to ensure that the correct recommendations and any subsequent training were correctly delivered.

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

The provider had policies and procedures in place to ensure clinical waste was segregated appropriately in line with guidance. The practice was undergoing renovation and the provider had recently made changes to storage of the clinical waste. Although the alternative arrangements were temporary, the clinical waste was not appropriately stored. We saw an invoice which confirmed they had ordered the appropriate sized storage units on the same day as our visit.

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

Information to deliver safe care and treatment

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

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

Are services safe?

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

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines. However, the dentist did not include the practice details when dispensing medicines to patients.

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.

Antimicrobial prescribing audits had not been carried out to ensure dentists were prescribing according to national guidelines.

Track record on safety and Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording all incidents to support future learning. Examples of incidents were discussed with the provider and we were assured that these would be documented with immediate effect.

There had been one safety incident in the previous 12 months. This incident had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice offered orthodontic treatment at the practice as one dentist had completed postgraduate training in this field. They participated in quality improvement initiatives for continuous learning and improvement. The practice had access to an extra-oral camera and this was used to take photographs in orthodontic and cosmetic cases.

The practice was currently undergoing refurbishment to include a new decontamination room and a fully equipped new treatment room.

Helping patients to live healthier lives

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

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

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

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

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

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

Consent to care and treatment

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

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

Written treatment plans with costs were given to all patients.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). Staff had carried out training on the MCA but not all staff fully understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Not all staff were aware of the need to consider this when treating young people under 16 years of age. The provider told us this was discussed in depth at a practice meeting that was held the day after our visit. Capacity assessment forms were available at the practice.

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

Monitoring care and treatment

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

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

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, the receptionist received support from the provider to enhance her role to include management duties too. Both dentists were involved in postgraduate education.

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

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The provider had introduced a policy which explained how to identify, manage, follow up and where required, refer patients for specialist care when presenting with dental infections. This was present within the staff handbook which all staff were required to read. However, staff we spoke with were not aware of the processes involved. The provider told us this was discussed in depth at a practice meeting that was held the day after our visit.

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

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

The practice was a referral clinic for orthodontic treatment and they monitored and ensured the dentists were aware of all incoming referrals daily.

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 lovely, professional and dedicated. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information leaflets and patient survey results were available for patients to read.

A selection of magazines was provided for patients in the waiting room.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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

Involving people in decisions about care and treatment

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

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Romanian, Urdu and Punjabi.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available upon request.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

The practice's website 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 photographs, models, X-ray images and an extra-oral camera.

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. The practice met the needs of more vulnerable members of society such as patients with dental phobia, and people living with dementia, autism and long-term conditions. We were told that the dentist was very good at managing anxious patients. Longer appointments would be booked where required.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that some patients had limited mobility and required assistance from staff when accessing the first floor. Their needs were flagged on the electronic clinical care records to ensure that staff were alerted to this.

The practice was situated on the first floor and there was no step free access to the treatment rooms. Staff told us they were unable to install lifts or a stairlift within the practice to improve access for patients with limited mobility. Staff told us they physically assisted patients that required support. All new patients were informed that there was no step free access to the practice and this was also stated in the practice information leaflet. Patients who were unable to access the practice were directed to another close dental practice that offered access to wheelchairs and pushchairs.

A hearing induction loop was available for patients with hearing impairments. Reading materials, such as appointment slips, were available in larger font size upon request for patients with visual impairments.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

The practice sent appointment reminders to all patients that had consented. The method used depended on the patient's preference, for example, via text message or email reminders. The patient's preference was recorded on their file.

Timely access to services

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

The practice included its opening hours in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Dedicated daily slots were incorporated into the dentist's appointment diary to allow them to treat patients requiring urgent dental care. 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.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The staff took part in an emergency on-call arrangement with some other local practices for patients that had registered as private patients under its monthly payment plan. All other patients requiring urgent dental care to 111 out of hours service.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. There was information in the waiting room for patients explaining how to make a complaint.

The provider was responsible for dealing with these. Staff would tell the provider about any formal or informal

Are services responsive to people's needs?

(for example, to feedback?)

comments or concerns straight away so patients received a quick response. Verbal comments from patients were logged if staff were unable to resolve matters within 24 hours.

The provider aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. All complaints were logged as significant events and discussed in staff meetings.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

The practice aims and objectives were to consistently provide dental care of a high standard and the promotion of good oral health to all patients.

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.

We saw the provider took effective action to deal with poor performance.

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

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed by the practice owner.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The receptionist 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.

The practice held monthly staff meetings where learning was disseminated. The agendas were prepared in advance and were available to review up until December 2019. The agendas were amended as required.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. The provider told us they planned to carry out a patient satisfaction survey in July 2019.

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.

Are services well-led?

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. For example, a discussion was due to take place in the next staff meeting about staff preferences for timings of their lunch break.

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. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The dental nurses and receptionist had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.