Priory Dental Practice (Leamore) Limited

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Inspection Report

652 Bloxwich Road
Walsall
West Midlands
WS3 2BA
Tel: 01922477760
Website: www.priorydentalleamore.co.uk

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Overall summary

We carried out this announced inspection on 13 January 2020 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?

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

Priory dental practice is in Walsall, West Midlands and provides NHS and private dental care and treatment for adults and children.

There are two entrances to the practice, the rear entrance door is accessible by a fixed ramp for use by people who

Summary of findings

use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice and unrestricted parking can be found on local side roads.

The dental team includes five dentists, including the practice owner and a foundation dentist, nine dental nurses, including one trainee, a compliance manager and the practice manager, one dental hygienist, one orthodontic therapist and one receptionist. The practice has four treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC 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 Priory dental practice is the principal dentist.

On the day of inspection, we collected 34 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, including the foundation dentist, one dental nurse, one receptionist, the compliance manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday – Friday 8.45am to 5.30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained. Further refurbishment work was planned to the front of the practice and the patient toilet.
- 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 service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Improve the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

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. Various resources and reporting flow charts were available for staff. We saw evidence that staff had received safeguarding training. This included on-line training and discussions regarding safeguarding and policies and procedures during practice meetings. Staff attended an external training event which included safeguarding training annually. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Staff were aware whom within the practice to speak to if they had any safeguarding concerns. We discussed the safeguarding application, (a free resource for healthcare professionals to increase their awareness and understanding ofsafeguardingrequirements), and the practice manager downloaded this on their telephone and confirmed that this would be discussed with dentists. The safeguarding app gave up to date information including contact details for local safeguarding authorities

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. The 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. A dental nurse was rostered to complete decontamination of used dental instruments each day that the practice was open. Staff had received training on decontamination processes and information for staff was on display on the wall in the decontamination room.

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 which was completed in October 2018. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. Quarterly dip slide testing was being completed (a test for the presence of microorganisms in liquid).

Practice staff completed cleaning. 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. We saw a copy of the waste acceptance audit completed in April 2019. Waste was appropriately stored and a contract was in place for regular collection of waste.

The infection control lead carried out infection prevention and control audits twice a year. We saw the audits dated March and September 2019, these audits showed the practice was meeting the required standards.

Are services safe?

The provider had a Speak-Up policy which was regularly reviewed and updated as necessary. 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 and said that they would not hesitate to raise concerns as necessary.

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

The provider 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 five staff recruitment records. We identified that some of these staff had worked at the practice for many years prior to the provider taking over in 2017. Each staff member had a recruitment file and the provider followed their recruitment procedure for staff employed from 2017 onwards. Not all information was available for long-term staff employed before 2017 when the practice was not owned by the current provider.

Disclosure and barring service (DBS) checks had been completed for all staff. The practice manager confirmed that these were all enhanced checks. Staff either signed an annual declaration to confirm that there had been no changes that would warrant a further DBS check or newly employed staff registered on the update service. The update service identified whether there had been any change to the information recorded, since the initial certificate was issued and advised whether the individual should apply for a new certificate.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Boiler service records were available dated March 2019 and an electrical 5-year fixed wire safety certificate was available dated November 2019. We saw that portable electrical appliances were tested on an annual basis with the last test taking place in December 2019.

A fire risk assessment was carried out in line with the legal requirements. An external professional completed a risk assessment in November 2018 and the practice had completed an internal risk assessment in January 2020. We were told that a further risk assessment would be completed once the refurbishment of the practice was finished. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Emergency lighting had recently been fitted and was being tested on a regular basis. The practice manager confirmed that annual servicing would be completed when this was due. Records were also available to demonstrate that smoke alarms were tested weekly and fire doors tested regularly. Fire extinguishers were checked monthly and a certificate was available to demonstrate that these had been serviced in July 2019. Certificates of training demonstrated that staff had completed practice training regarding fire safety. Records showed that five fire drills took place during 2019.

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

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

Clinical staff completed continuing professional development 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. The provider had current employer's liability insurance.

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 policy was available which had been reviewed and updated at least annually. The practice had not developed a sharps risk assessment but we were told that this would be addressed immediately.

Are services safe?

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 and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient 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.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team. We were told that the dental hygienist worked with a nurse but on rare occasions, this nurse could be sometimes used to help with the decontamination of used dental instruments, therefore leaving the hygienist without chairside support for a short period of time.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Two files of information were available containing material safety data sheets and risk assessments. We identified that some risk assessment documents only recorded the name of the product and no other information. We were told that these documents related to products that were no longer used in the practice and these were to be removed. The practice manager confirmed that these files would be reviewed and updated immediately.

The practice rarely used locum or agency staff as staff who worked part-time hours within the practice usually provided cover. However, the practice manager discussed the induction process for locum staff that would be followed to ensure they were familiar with the practice's procedures and we were told that documentation would be completed to demonstrate this.

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 typed 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 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.

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

Antimicrobial prescribing audits were carried out annually. We saw the last audit completed dated March 2019. This indicated the dentists 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.

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. Systems were in place to record

Are services safe?

significant events. Discussions were held at a practice meeting to prevent such occurrences happening again in the future. Policies were available for reporting accidents, incidents and events. An accident book was available to record any staff or patient accidents.

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 saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Staff had access to intra-oral cameras to enhance the delivery of care.

Comment cards received from patients reflected high patient satisfaction with the quality of the service provided. Patients commented "wonderful service, as always", "excellent care and attention as always", "I was listened to and treatment stopped when I asked. Good service and advice".

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 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.

The dentist 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. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. All patients were given a written treatment plan to sign before any treatment commenced, this included a written treatment cost estimate. Patients signed to demonstrate consent to treatment. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence and 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. The dentists assessed patients' treatment needs in line with recognised guidance.

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.

Effective staffing

Staff told us that training and development was at the forefront in this practice. Staff were encouraged to complete training and development and dental nurses said that they had been asked if they wanted to do a radiography course. One nurse was registered on the next available course in 2020. An associate dentist had recently completed training to become a verified trainer to support newly qualified foundation dentists. The provider funded online and in-house training for all staff and was supporting a trainee dental nurse to complete their qualification.

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. The practice manager discussed the induction process which included orientation to the practice, reading policies and procedures, shadowing senior staff and being observed until they were deemed competent. We saw induction documentation which included probationary reviews during the first three months of employment. A training and development plan was developed for new staff prior to their first appraisal meeting. A separate, more detailed induction was completed for the foundation dentist working at the practice. The foundation dentist told us that all staff had been very supportive and they could ask their trainer for information or support at any time.

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 polite, professional and helpful. We saw staff treated patients respectfully and in a kind and caring manner. We observed staff interactions with patients in person and over the telephone. Staff were attentive, accommodating and friendly.

Patients said staff were compassionate and understanding. We were told that "the service provided by reception staff upon arrive, working through the booking process made me feel relaxed and at ease as being a nervous patient this was invaluable. Dental staff made it an enjoyable experience". Another patient told us "every time I call or come into surgery the staff are helpful and always do their best to get me an appointment to suit me".

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

Privacy and dignity

Staff respected and promoted patients' privacy and dignity. Patients commented positively about staff and said that all staff were caring and they were treated with dignity and respect. We were also told that staff were professional, courteous and friendly.

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. A radio was playing in the waiting room which helped to distract/occupy patients whilst they waited to see the dentist. 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. 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. We saw notices in the reception areas informing patients that translation services were available. Some staff at the practice were able to speak Urdu and Hindi and where necessary patients were told about multi-lingual staff that might be able to support them.
- Staff told us that they did not have any difficulty communicating with patients in a way they could understand, we were told that information could be made available in large print if required. Clinipads were used to obtain information about patient's medical history. Text on clinipads could be enlarged to assist patients with a visual impairment.

Staff helped patients and their carers find further information and access community and advocacy services. Staff said that they gave the appropriate forms to patients who were entitled to free NHS dentistry.

Staff gave patients clear information to help them make informed choices about their treatment. Patients were given treatment plans and were able to take time to think before agreeing to any treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dental records we reviewed showed that treatment options had been discussed with patients. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Are services caring?

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, X-ray images and an intra-oral camera. The intra-oral cameras 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. The practice's computer system had 'education programmes' which could be used to give information to patients about various treatments.

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 more vulnerable members of society such as patients with dementia. Staff were aware of the support needs of patients and confirmed that a note could be made on patient records to remind staff of individual requirements.

Staff told us that some patients who attended the practice were anxious. A note was put on their records to remind the dentist of this. Staff said that they would chat to patients, try to find out what made them anxious and discuss any concerns, trying to put their mind at ease. Patients could wear earphones to play music, music was also played in treatment rooms to try and relax patients.

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. Thirty-four cards were completed, giving a patient response rate of 68%, 100% of views expressed by patients were positive. Common themes within the positive feedback were polite and professional staff, relaxed atmosphere and excellent treatment received.

The practice had made reasonable adjustments for patients with disabilities. This included ramped access to the rear of the practice, ground floor treatment rooms and an accessible toilet with hand rails. The practice did not have a hearing loop, reading glasses or a magnifying glass. Staff discussed the other methods they used to communicate with patients who had visual or hearing impairments. We were told that staff did not have any difficulty communicating with patients.

A disability access audit was completed in October 2019, staff had formulated an action plan to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived. We were told that wherever possible these patients were booked into the first appointment of the morning or afternoon to avoid waiting times.

Computer generated appointment reminders were sent to patients. Reception staff made a note of patients who regularly forgot to attend their appointments and where agreed with the patient they would telephone them on the morning of their appointment to make sure they could get to the practice. Staff made courtesy calls to some patients after treatment. Calls were particularly made to patients who were anxious or who had received a lengthy treatment or had a dental extraction. Other calls were made at the request of the dentist.

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.

The practice had an appointment system to respond to patients' needs. Dentists kept appointment slots free each day to be used by patients with a dental emergency. When these appointments were full patients were asked to attend nearer lunchtime or at the end of the day and asked to sit and wait to see the dentist. We were told that patients with a dental emergency were always seen within 24 hours of telephoning the practice. 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 111 out of hour's service and patients were directed to the appropriate out of hours service.

The practice's information leaflet and answerphone provided telephone numbers for patients needing

Are services responsive to people's needs?

(for example, to feedback?)

emergency dental treatment during the working day and when the practice was not open. Patients were able to leave a message for staff to contact them when the practice was next open.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice completed a waiting time audit with the aim of acting to reduce waiting times where issues were identified. Patients were able to request or cancel an appointment by email. We were told that a system was being introduced where patients could book an appointment using the practice website.

Listening and learning from concerns and complaints

The provider had a policy providing guidance to staff about how to handle a complaint. A copy of the patient complaint policy was on display in the waiting area. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff said 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 the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Staff spoken with said that they would try to address any verbal concerns immediately. Staff said that they would pass information to the practice manager.

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.

We looked at comments, compliments and complaints the practice received within the last 12 months. We saw evidence that complaints had been discussed at a practice meeting. We saw that complaints were logged using an event logging form. Details of the complaint were recorded on patient clinical notes. Principle five of the General Dental Council nine principles suggest that complaint records "should be separate from your patient records so that patients are not discouraged from making a complaint". The practice manager confirmed that this would be addressed immediately and patient complaints would in future be recorded separately. An audit of patient complaints had been completed.

Are services well-led?

Our findings

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

The practice 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 sustain 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. The practice employed a practice manager and a compliance manager who worked across the three dental practices owned by the registered manager. Staff told us that leaders at all levels were visible and approachable. We were told that any of the management team (registered manager, practice manager and the compliance manager) could be contacted at any time for advice or support.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. They continually sought to improve facilities and had refurbished the building. Further changes were planned to include alterations to the front entrance of the practice and the ground floor patient toilet.

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. They were proud to work in the practice and said that they worked well together. We were told that they were thanked for a job well done. Team building events had been held and staff said that the provider tried to make everyone feel part of a strong team. The provider told us that they encouraged staff development and staff confirmed that they were offered training opportunities and supported when completing training.

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. Staff completed personal development plans in line with enhanced continuing professional development requirements.

The staff focused on the needs of patients. Staff told us that their main aim was to provide excellent quality care in a relaxed and friendly atmosphere. They said that they took their time to make patients feel at ease and tried to remove any anxiety about visiting the dentist. One patient told us "(name) calmed me down and I can now say my experienced turned out to be quite pleasant. Receptionists were very courteous, pleasant and a smiling welcome given. All in all, a good service by everyone".

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. Information regarding duty of candour was available for staff to read.

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 registered manager 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 purchased a compliance system which included policies, procedures, risk assessments and audit

Are services well-led?

documentation. The compliance manager ensured that 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 had read documentation and these had been discussed at practice meetings. Policies seen recorded a date of implementation and review. Information was readily available to staff.

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, for example surveys and audits were 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 and the public, to support the service.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had requested, and been provided with, armed chairs in the waiting room. The practice manager correlated results from patient satisfaction surveys and these were discussed with staff at practice meetings. The satisfaction survey results we saw recorded positive feedback.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The NHS Choices website records that 14 patients responded to a recent FFT and 100% of these patients would recommend this practice. The practice put FFT results on display in the waiting room.

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

Continuous improvement and innovation

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

The provider was the local dental committee lead for Walsall. 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, we saw audits of dental care records dated October 2019, radiographs dated July 2019 and infection prevention and control dated March and September 2019. Staff kept records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff told us that they had autonomy and were able to make any suggested changes for improvement.

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