

SmileQ Limited

The Dentist at Liberty Place

Inspection Report

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Overall summary

We carried out this announced inspection on 23 September 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

The Dentist at Liberty Place is in Birmingham and provides private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available in pay and display car parks near the practice.

The dental team includes four dentists, five visiting clinicians; including three specialist orthodontists, one specialist implant surgeon and one oral surgeon, one dental hygienist, five dental hygiene therapists, one dental hygiene therapist/orthodontic therapist, two patient care co-ordinators/receptionists (one of whom is

Summary of findings

a registered dental nurse), one treatment co-ordinator (whom is also registered dental nurse), eight dental nurses, a clinical team lead/compliance manager (whom is a registered dental nurse) and a practice manager. The practice has five treatment rooms.

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 The Dentist at Liberty Place, SmileQ Limited is the principal dentist.

On the day of inspection, we collected 40 CQC comment cards filled in by patients, we also received feedback on CQC share your knowledge forms from six patients.

During the inspection we spoke with two dentists, three dental nurses, a dental hygiene therapist, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8am - 6pm Monday to Friday and 8am - 5.15pm Saturday.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 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 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:

- 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.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.

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.

No action



Are services effective?

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

No action



Are services caring?

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

No action



Are services responsive to people's needs?

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

No action



Are services well-led?

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

No action



Are services safe?

Our findings

We found that 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. Staff knew whom within the practice they should report safeguarding concerns to. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We were told that this information was available in paper format in a policies file and on each computer desktop for ease of access. Copies of completed safeguarding referrals forms were available, these demonstrated that the practice followed their safeguarding policy and all information was followed up as necessary. A copy of the contact details for reporting adult and child safeguarding concerns was on display in the staff room. We were told that these details were checked on an annual basis to ensure they were correct and we saw that a review date was recorded. We saw evidence that staff received safeguarding training. The practice's safeguarding lead also provided in-house safeguarding training to staff. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation (FGM). We saw that some staff had completed training regarding FGM and the practice had developed an FGM reporting policy.

The provider had a whistleblowing policy. This did not include contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. The policy suggested that staff should contact the Care Quality Commission (CQC) but did not record any contact

information. Staff felt confident they could raise concerns without fear of recrimination. Staff we spoke with said that they would not hesitate to report any concerns and said that if needed they would speak with the CQC or GDC.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Dentists told us that they would not complete root canal treatment unless a dental dam was used.

The provider had a disaster planning and emergency procedure describing how they would deal with events that could disrupt the normal running of the practice. Emergency contact details, such as electrician, plumber and pharmacy were recorded separately from the policy and were also on display in the staff room.

The provider had a recruitment policy and procedure to help them employ suitable staff, these reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure. We saw that the practice held the same recruitment information for visiting specialists.

Checks were in place for agency and locum staff. These included email evidence sent from the agency of disclosure and barring service checks, evidence of mandatory training completed and indemnity insurance provided by the agency.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We were told that there was no gas at the practice. An electrical five-year fixed wiring safety certificate was available dated July 2017. Evidence demonstrated that portable electrical appliances were tested every two years. The last test was completed in 2017 and a new test was booked for October 2019.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. Fire extinguisher checks were carried out by staff at the practice monthly and a log was kept demonstrating this. Emergency lighting, fire extinguishers and the fire alarm were serviced annually by an external company. Records held showed

Are services safe?

that fire drills were conducted on a regular basis. A fire precautions test form recorded details of all in-house fire safety checks completed, including checks of escape routes and the fire alarm system.

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

We saw evidence that 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 (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 reviewed regularly to help manage potential risk. A fire risk assessment had been completed by the registered manager in September 2019. Various other risk assessments had been completed as required. For example, a health and safety risk assessment which included the general practice risk assessment, a physical security risk assessment and sensitive information maps and risk assessment.

The provider had current employer's liability insurance which expired in December 2019.

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. An annual checklist was completed to demonstrate that staff had received their vaccinations; this check included visiting specialists. We were not shown evidence to demonstrate that the effectiveness of the vaccination was checked on each occasion. The records for some staff showed the titre levels or recorded a "negative" result but

this information was not available for all staff. The practice manager told us that staff had found it difficult to obtain this information. A further request would be made to ensure the required information was made available.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Scenario training was included in these training sessions.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

We discussed sepsis management and identified that sepsis management had been discussed at a practice meeting and during staff annual basic life support training. Information regarding sepsis such as flow charts and signs to look for to identify sepsis were on display in the waiting room and in the staff room.

A dental nurse worked with the dentists and the dental hygienist/hygiene therapists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. We were told that agency staff would be used if required to ensure that a dental nurse was always available.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Material safety data sheets were also available for each hazardous substance in use at the practice.

The practice occasionally used locum and/or agency staff. We were told that these staff received an informal induction to ensure that they were familiar with the practice's procedures. The practice manager agreed that this would be documented in future.

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 annual updates. The principal dentists were the infection prevention and control leads and staff were aware who to contact if they had any queries or needed any support or advice.

Are services safe?

The provider had suitable 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. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was 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 April 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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 and stored appropriately in line with guidance. We saw a copy of the waste acceptance audit dated January 2019 and consignment notes were available from 2012 onwards.

The infection control lead 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.

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

Improvements were required to the systems for appropriate and safe handling of medicines. Issues were identified with the stock control system of medicines which were held on site. Records showed a discrepancy with the amount of medicines that should have been available. The practice manager explained the reason for the discrepancy. An audit was completed monthly, this had not identified that the current logging system was ineffective. We were told that this issue would be addressed immediately.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

A safety incidents reporting policy was available. Staff had access to the serious incident policy and framework which gave information about serious incidents and who to report them to. In the previous 12 months there had been no safety incidents. The practice had an accident book and a policy; accident, treatment and investigation reporting forms were available. The practice's policy recorded that accidents were to be reported to the practice manager and discussed at a practice meeting. Information was also available for staff regarding the reporting of injury disease or dangerous occurrence regulations (RIDDOR). We were told that there had been no RIDDOR incidents at the practice. There had been no accidents within the last 12 months.

The practice had procedures and documentation for reporting significant events. Where there had been an event we saw this was documented and investigated. The practice had recorded complaints and safety alerts as significant events and these had been discussed with the dental practice team to pass on information and to try and prevent such occurrences happening again, if applicable.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as

Are services safe?

patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. Any relevant patient safety alerts were to be discussed during practice meetings.

Are services effective?

(for example, treatment is effective)

Our findings

We found that 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 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.

Visiting specialist orthodontists carried out private orthodontic treatments at the practice. We reviewed some patient dental care records and identified that prior to any treatment the patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment. An assessment was carried out prior to treatment and records showed evidence of consent and treatment plans with costings.

The practice offered dental implants. These were placed by the principal dentists and a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance. Aseptic techniques were used when placing dental implants including the use of sterile gowns, gloves and drapes.

Staff had access to intra-oral cameras to enhance the delivery of care. For example, one of the dentists had an interest in endodontics, (root canal treatment). The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

Helping patients to live healthier lives

The practice was providing 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 toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Information regarding smoking cessation and alcohol consumption was included on the

medical history forms. Oral health promotion advice was given to patients and documented in patient dental care notes. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were 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 practice had provided gum shields to a local school's rugby team to help protect their teeth whilst playing sport.

The dentist and a dental hygiene therapist 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

Records showed 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

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 practice used clinipads to record consent. Discussions were held about treatment options and the risks and benefits of these so patients could make informed decisions. Once a treatment option was agreed, patients were asked to read consent information and sign using the clinipad to demonstrate consent. This information transferred directly to the patient dental care records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Staff were also aware 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 had completing training regarding the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Treatment plans with costings were given to each patient, this information could also be sent to the patient by email if they preferred.

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/clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. Completed induction checklists were available for review. Induction records seen had not been signed by the person completing or receiving the induction training. There was no evidence to demonstrate that the staff member had received and understood the training or been deemed competent.

Paperwork was available for completion at probationary reviews held monthly for the first six months of employment. We saw that probationary review forms had been signed by the staff member's line manager but not by the staff member under review. We spoke with a member of staff regarding their experience of the induction process at the practice. We were told that the first day involved an

orientation to the practice and then they undertook learning on the job, including shadowing and being observed. We were told that the induction process provided them with all the information they needed and included reading policies and procedures. We were told that everyone was friendly and helpful and they would not hesitate to ask if they were unsure of anything.

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. Personal development plans were completed by 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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider 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.

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional, attentive and amazing. We saw that staff treated patients with dignity and in a caring, respectful manner. Staff were helpful, accommodating and friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

Reception staff told us that all new patients at the practice received an information pack and a welcome email giving information about the practice. Information folders, patient survey results and thank you cards were available for patients to read. Patient testimonials were recorded on the practice website.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. There were two waiting areas at the practice. One of these was located away from the reception desk. An area screened by frosted glass was available for use if a patient asked for more privacy. Music was playing throughout the building including waiting areas; small televisions showed dental information to patients. 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.

Treatment room doors were closed when dentists were seeing patients.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. We saw:

- Staff told us that they had not used interpreter services but these could be made available for patients who did not speak or understand English. Two members of staff were multi-lingual and could provide support if required. We were told that patients occasionally brought a family member or their own translator to an appointment.

Staff communicated with patients in a way that they could understand. We were told that information could be made available in larger print to help patients with visual impairment and a selection of reading glasses were available. No communication aids were available to assist patients with a hearing impairment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Explanations were given in an easy to understand and clear manner. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Patients were able to go away and consider all treatment options before making a decision. Patients could also book an additional appointment with the dentist or the treatment co-ordinator to discuss options before any decision was reached.

The practice's website and new patient information pack 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. We were told that these varied dependent upon patient needs and included for example, photographs, flip charts, 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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. A dental nurse at the practice worked as a treatment co-ordinator. Patients were able to book an appointment to discuss their treatment plan, have any queries or questions answered and set up payment plans if necessary. The treatment co-ordinator was also available to show new patient's around the practice and introduce them to staff if requested.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff described the action they took to try and make anxious patients feel at ease. This included adding extra time to their appointment to enable the dentist to take their time, explain treatment and for the patient to have a break if needed. Patients were able to bring a family member or friend to their appointment. Music was played throughout the building which helped to relax patients.

Patients described high levels of satisfaction with the responsive service provided by the practice. Patients commented that staff were attentive, caring and calming. We were told that patients could get appointments when they needed them and at a time to suit.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, all treatment rooms were on the ground floor and an accessible toilet with hand rails and a call bell was available. All areas of the practice were accessible to patients who used a wheelchair. A selection of reading glasses were available for patients who had a sight impairment. Reception staff said that they checked the day list to see if any adjustments were required. For example, if anyone needed assistance entering the practice from a taxi or if pen and paper were needed to communicate with patients who were hard of hearing.

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

Staff telephoned patients to remind them of their appointments. We were told that where patients were

having any treatment, staff enquired as to whether the patient had any questions. Courtesy calls were also made to patients after they had received certain treatments such as extractions and to patients who were anxious.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice provided extended opening at 8am each morning and closing at 6pm each day Monday to Friday. The practice was also open each Saturday from 8am to 5.15pm to accommodate patients who worked Monday to Friday.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Dentists kept a number of appointment slots free each day to be used by patients with a dental emergency. We were told that wherever possible patients in dental pain were seen the same day that they telephoned the practice but were always seen within 24 hours of their phone call.

Patients had enough time during their appointment and did not feel rushed. Staff said that they booked an appropriate appointment time so that dentists could take their time with the patient. This also helped to reduce waiting times. The practice had a "timescale policy" which detailed an acceptable waiting time of up to ten minutes. Reception staff would then be required to inform patients if the dentist was running late. We were told that this rarely happened. 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 dentists working there.

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

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

We discussed complaints with a receptionist and with the practice manager. The practice manager was responsible for dealing with complaints and staff said they would tell her about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. A copy of the complaint policy was also available on the practice website and was on display in

waiting rooms at the practice. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

Complaints were logged on a significant event record and copies of all correspondence relating to the complaint were kept. The significant event record detailed whether the complaint had been discussed between clinicians or at a full practice meeting.

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

Are services well-led?

Our findings

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

Leadership capacity and capability

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

Leaders 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. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills.

Culture

There was a clear vision and set of values. A copy of the practice's mission statement was on display in the reception area for patients to see. The practice had a culture of high-quality sustainable care. Meetings were held in January 2019 for the whole team to discuss the practice's vision and strategy.

Staff stated they felt respected, supported and valued. They enjoyed their job and were proud to work in the practice. We were told that they aimed to meet patient's needs, providing high quality care in a friendly, relaxed atmosphere. Staff said that they worked well together as a team.

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. A being open policy was available to staff. This encouraged openness, honesty, informing patients of any errors made and offering an apology. Staff spoken with said that they always offered an apology when any complaint or concern was received.

Staff could raise concerns and were encouraged to do so, and 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 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.

A compliance system had been purchased and introduced at the practice. This supported the 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.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. A privacy impact assessment had been completed and was reviewed on an annual basis. The practice had completed a general data protection regulations and data protection action plan in January 2019, actions identified had been taken as required.

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys and verbal comments to obtain patients' views about the service. Patients were also able to leave feedback on the practice's website and on their social media pages. Patient testimonials were also included on the website.

The provider gathered feedback from staff through meetings and informal discussions. Staff meetings were held monthly. A copy of the minutes of meetings was

Are services well-led?

emailed to staff for reference. Staff said that they were able to speak out during these meetings and were encouraged to offer suggestions for improvements to the service. We were told that these were listened to and acted on.

Continuous improvement and innovation

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of patient satisfaction, emergency procedures, dental care records, radiographs, infection prevention and control and a compliance monitoring audit. They had clear 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.

The whole staff team 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.