St. Pauls Square Dental Practice Limited

St. Pauls Square Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 26 November 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser. In addition, there was a newly recruited specialist dental adviser who attended the inspection.

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

St. Pauls Square Dental Practice is in Birmingham city centre and provides private dental care and treatment for adults and children.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes six dentists, four dental nurses, one dental hygienist, a practice manager and a business manager. The practice has three treatment rooms and a separate room for carrying out the decontamination of instruments.

The practice is owned by a company 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. At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we collected 21 CQC comment cards filled in by patients.

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

The practice is open on Mondays and Thursdays between 9:45am and 6:45pm, and on Tuesdays, Wednesdays and Fridays between 7:30am and 4:30pm. It is also open on alternate Saturdays between 9am and 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Two items were ordered promptly once we brought this to the attention of the provider.
- 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. Improvements were needed to ensure complete immunisation records were available for all clinical staff members.
- 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. However, improvements were required relating to audits.
- 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 was no registered manager at the time of our visit.

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, 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.'
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice. Staff involved in prescribing should ensure they are up to date with current guidance relating to the prescribing of medicines. Staff should also take action to ensure audits of infection prevention and control are

Summary of findings

undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

- Take action to ensure the regulated activities at St Pauls Square dental practice are managed by an individual who is registered as a manager.

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?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**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 systems to keep patients safe. We identified some necessary improvements and staff took prompt action to resolve issues.

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. Safeguarding contact details were displayed on the wall and were easily accessible to staff. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns although staff we spoke with were not aware of safeguarding incidents that would require notification to the CQC.

We saw evidence that all staff had received safeguarding training. However, four members of staff were not trained to the appropriate level. Within 48 hours of our visit we were sent evidence that three of these staff members had completed training to the required level.

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.

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. Records of water testing and dental unit water line management were maintained. A risk assessment had been carried out by an external specialist in July 2019 but there was no evidence that the recommendations had been actioned. We spoke with staff and they were unsure whether these had been completed. Within two days of our visit, the business manager told us that the two outstanding points had been addressed and they had arranged for a plumber to attend the practice. They also stated that a new risk assessment would be completed once items had been rectified.

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

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The clinical waste bins were locked but they were not secured to a wall/floor during daytime hours. Staff investigated this and informed us that there was limited access to this designated area and securing this to a wall would limit access for the clinical waste company when emptying the bins. Following our inspection, the practice manager informed us that they discussed this with the clinical waste company who advised them that no further action was required. They had also contacted their property management team and were awaiting information from them.

Staff had carried out an infection prevention and control audit in October 2017 and this did not have a score or learning outcomes. HTM 01-05 recommends these are completed every six months but no infection control audits

had been completed in over two years. Staff responded promptly and completed an audit within two days of our visit. This showed that the practice was meeting the required standards.

The provider had a Speak-Up policy. This was clearly displayed for staff to access but it did not include any external contact details for reporting any concerns. 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.

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

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 appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Evidence of notification to the Health and Safety Executive was forwarded to us after our visit. The treatment rooms were fitted with intra-oral X-ray machines. One rectangular collimator was available to reduce radiation exposure to the patients although this was not consistently used. The use of rectangular collimation had been recommended by an external specialist. Staff told us they would order a second rectangular collimator and ensure that they were being consistently used when taking X-rays. A recent recommendation to fit a warning light above the door to the X-ray room had also not been acted upon as staff told us they were unable to do this without breaking the integrity of the room which would have involved drilling through a lead wall. Within two days of our visit, the business manager informed us they had purchased a red door-mountable battery operated warning light to be activated whilst X-rays were being exposed.

We saw evidence the dentists justified and reported on the radiographs they took; however, not all the dentists consistently graded the radiographs and this had been identified in the practice's internal audits. Following our visit, the business manager sent us a checklist that would be used as a prompt for all dentists to grade their radiographs. The provider carried out radiography audits every year.

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

The practice had a cone beam computed tomography X-ray machine. We saw evidence that staff involved in taking these images had completed the necessary training in this. Appropriate safeguards were in place for patients and staff. We saw a service certificate dated 18 November 2019 for the machine.

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. A sharps risk assessment had been undertaken and was updated annually.

We reviewed staff vaccination records and found that the principal dentist had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the majority of staff had received the vaccination and the effectiveness of the vaccination had been checked. However, the immunisation records were incomplete for one staff member. One other staff member was a non-responder. We found that risk assessments had not been completed where there were gaps in assurance

regarding their immunity. The practice held risk assessment templates and these were immediately completed for relevant staff members. The missing record was forwarded to us within two days of our visit. We saw that a recommendation was made for the staff member to receive a booster dose of the vaccination but we did not see any evidence this had been completed. The business manager informed us that the staff member was waiting to receive evidence from their occupational health department.

We spoke with staff and found that the dental nurses and dentists had knowledge of the recognition, diagnosis and early management of sepsis. There were no sepsis prompts for staff or patient information posters. However, we spoke with the reception staff and they were aware of how to 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 with the exception of a spacer device to be used with inhaler bronchodilators – this was ordered promptly. Aspirin was available in the correct dosage but was not in the dispersible format. This was replaced promptly with dispersible aspirin. Staff kept records of the regular checks of the emergency equipment and medicines to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team. Staff told us that the dental hygienist worked without chairside support on the rare occasion when they were short-staffed. A lone worker policy was available but a risk assessment was not in place for when the dental hygienist worked without chairside support. This was forwarded to us within two days of our visit.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These were regularly reviewed and comprehensive and included household items such as hand wash and washing up liquid.

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. However, medicines were being dispensed to patients without the practice name or address on the label. Staff responded promptly and sent us evidence of an amended label within two days of our visit.

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.

Not all the dentists were prescribing medicines in accordance with current guidance as the dosage and duration were not always in line with up to date recommendations.

Antimicrobial prescribing audits had not been carried out to ensure dentists were prescribing according to national guidelines. Staff responded promptly and forwarded us a copy of a completed audit within two days of our visit. We reviewed this audit and found that the auditor had not correctly identified situations where the incorrect duration of antibiotics was prescribed. The business manager informed us that the dentists were due to complete further training and that new prescribing protocols had been implemented immediately.

We inspected the treatment rooms and found that there were three items of dental materials that had expired. We were told that these items were no longer used and they were disposed of promptly.

Are services safe?

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 described an incident that had taken place a long time ago. Staff described actions taken and how it was discussed with the team. Although this was not logged at the time, staff had comprehensive recording forms and described how a similar incident would be logged if it were to take place.

Where there had been a safety event, we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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.

Staff we spoke with were aware of the serious incident framework and shared a relevant example with us.

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.

The practice offered orthodontic treatment to patients on a private basis.

The practice offered dental implants and these were placed by the principal dentist. We were unable to speak to the principal dentist as they were unable to attend the inspection due to extenuating circumstances. We carried out checks of the implant equipment and found that this was in line with national guidance. We also reviewed treatment plans and consent forms for patients undergoing dental implants and found these were comprehensive and contained all relevant information. We saw evidence that the dentist had undergone appropriate post-graduate training in the provision of dental implants.

Staff had access to intra-oral cameras and extra-oral cameras to enhance the delivery of care. Also, the dentists used a specialised operating microscope to assist in carrying out dental treatment.

The practice had invested in an online system where patients could book their appointments online. The provider had also invested in aninjection system that makes the administration of local anaesthetic more comfortable for patients.

Patients commented that the "quality of the dentistry is first class".

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 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. Not all staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records and found that it was comprehensive. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Written treatment plans with costs were given to patients. Consent forms were given to patients who required more complex treatment, such as dental implants. We reviewed these and found them to be comprehensive with all relevant information.

We found that staff had a basic understanding of the Mental Capacity Act and its implications when treating patients who might not be able to make informed decisions for themselves. Staff were aware of Gillick competence guidance and its implications when treating young people. We saw evidence that staff had completed training in the principles of the Mental Capacity Act. Within two days of our visit, staff sent us a detailed policy about this Act and told us that all staff were required to read and sign it.

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

Are services effective?

(for example, treatment is effective)

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 had the skills, knowledge and experience to carry out their roles. The provider was supporting two trainee dental nurses to become qualified at the time of our visit. One dental nurse had extended duties which included taking X-rays.

Staff new to the practice had a structured induction programme. 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. However, the dentists working at the practice were able to offer most treatment in-house.

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, informative and professional. We saw 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 could choose whether they saw a male or female dentist. Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Feedback from patients stated that staff made them feel comfortable and they try to help in any way they can. Several patients commented that staff were very good at managing their anxiety.

An information folder was available for patients to read.

The waiting room had a television and a massage chair to help patients relax. The practice offered non-clinical appointments to patients who were very nervous in order to familiarise them with the practice. They would be offered a session on the massage chair to relax and offered a drink. The practice manager would show them around the practice and they would be taken into a non-clinical area to discuss their dental needs. The practice had a policy that explained how the practice managed nervous patients.

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. 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.

Involving people in decisions about care and treatment

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

- Interpreter services were available for patients who did not speak or understand English. We saw details in the patient information folder informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Hindi and Punjabi.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

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 shared anonymised examples of how they met the needs of more vulnerable members of society such as patients with dental phobia.

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.

21 cards were completed, giving a patient response rate of 42%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, cleanliness of the premises and the high standard of dental treatment received.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell. Reading material was also available in larger print size upon request.

Staff had carried out a disability access audit in November 2017 but this was partially completed. Staff responded promptly and forwarded a completed audit within two days of our visit.

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 telephone 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 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. 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 dentists that worked at the practice. patients who were registered at the practice were able to speak to a qualified dental nurse seven days per week. An urgent appointment would be arranged with a dentist if required.

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

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information folder and website explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

Are services responsive to people's needs?

(for example, to feedback?)

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.

The practice had not received any complaints in the previous 12 months. We looked at comments, compliments and complaints the practice had received in the previous few years. 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 this practice was providing well-led care in accordance with the relevant regulations.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. Staff told us that the practice manager was in the process of applying for this role.

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.

Leadership capacity and capability

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

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

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

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

The practice's mission statement was 'transforming your perception of dentistry with a dedicated team making your dreams a reality' and staff were aware of this.

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 dental nurses discussed their training needs at biannual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Examples of this included free consultations with a dental nurse and free conditioning appointments to help them with dental anxiety.

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 practice manager was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. They shared an anonymised example of when they had acted in accordance with this regulation.

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 principal dentist and senior dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Some documents did not have review dates on them but the practice manager told us that they were all reviewed annually.

We saw there were processes for managing risks, issues and performance. We identified some necessary improvements and these were promptly actioned.

The practice held monthly staff meetings where learning was disseminated.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

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

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service. Patients could also leave feedback on the practice website. We reviewed patient surveys and found that the feedback was overwhelmingly positive. We saw examples of suggestions from patients the practice had acted on, such as décor at the practice.

The provider gathered feedback from staff through meetings, appraisals 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. We identified some necessary improvements.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. However, some of these audits were not carried out as frequently as current guidance recommends. Staff kept 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 told us that the provider encouraged them to attend further training in orthodontic services that were provided by some of the dentists at the practice.

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