

Dayadent Limited

# Willowbrook Dental Practice

## Inspection Report

339 Humberstone Road  
Leicester  
Leicestershire  
LE5 3DF

Tel: 0116 2621151

Website: [www.willowbrookdental.co.uk](http://www.willowbrookdental.co.uk)

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### Overall summary

We carried out this announced inspection on 27 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

Willowbrook Dental Practice is in Leicester and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. There are no car parking facilities at the practice; there is free on street parking near to the practice.

The dental team includes three dentists, one specialist orthodontist, three dental nurses, one trainee dental nurse, one dental hygiene therapist and two receptionists. A practice manager is also employed. The practice has three treatment rooms; two of which are on the ground floor.

# Summary of findings

The practice is an approved training practice for dentists new to general dental practice. The principal dentist is a trainer.

The practice holds a contract with NHS England to provide orthodontic treatment. They accepted referrals from other practices to provide this service.

The practice had recently expanded its patient list because of a nearby practice closing its NHS dental service.

The premises was currently undergoing development and expansion. The provider was making significant investment in the premises and this included consideration of those patients with disabilities and mobility problems.

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 Willowbrook Dental Practice is the principal dentist.

On the day of inspection we collected 26 CQC comment cards filled in by patients.

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

The practice is open: Monday to Thursday from 9am to 5.30pm and Friday from 9am to 1pm.

## 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 practice had systems to help them manage risk to patients and staff.
- The practice staff 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.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice 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.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

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

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. We noted that photographic identity of staff was not held on all files we examined; but were assured this had been provided by staff on their appointment.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Whilst the practice had a system for receiving and reviewing patient safety alerts, a monitoring tool had not been implemented to reflect any actions taken in response to them.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as expertly administered, professional and very thorough. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

Training and development were at the forefront of this practice due to the principal dentist being a verified trainer to support newly qualified foundation dentists. The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The practice adopted a strong preventative approach to patients' oral health. The practice also participated in the Leicester Council early intervention programme 'Healthy Teeth, Happy Smiles'.

The staff were involved in quality improvement initiatives such as good practice certification scheme and peer review as part of its approach in providing high quality care.

The practice was a referral practice for NHS orthodontic treatment.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, calm and reassuring. They said that they were given informative and helpful explanations about their dental care needs from staff who did not rush, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. At the time of our inspection the practice was making improvements to the telephone booking system by creating additional lines into the practice.

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

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

No action



## Are services well-led?

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

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

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for the views of patients and staff.

No action



# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding concerns was the practice manager. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff were not specifically aware about submitting relevant safeguarding notifications to the CQC.

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

The practice had a whistleblowing policy. Staff we spoke with felt confident they could raise concerns.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity describing how they would deal with events that could disrupt the normal running of the practice. There was an agreement between four dental practices for their premises to be used in the unlikely event of the site becoming unusable.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure. We noted that two of the files did not have copies of staff photographic identity held. The practice manager told us this was an oversight. They told

us they had been viewed at the time of the staff member's appointment and when application for Disclosure Barring Service (DBS) checks were made. They told us they would obtain this information and hold on the staff records.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw recent servicing and testing documentation.

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

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

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The practice had implemented the safer sharps' system, although we were told that not all the dentists used the system as some chose to use traditional needles instead. Safeguards were available for those who used traditional needles. We were told that dental nurses were not to handle used needles; a risk assessment had been completed that stated that a safeguard was to be used by the dentist/hygienist when handling traditional needles. We noted that matrix bands were disposable.

# Are services safe?

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in October 2017.

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

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

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

The practice had a separate decontamination room. We saw that plans were in place as part of practice modernisation to update the area.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We noted that the infection and prevention control lead had not completed any additional training for her role. The provider told us they would look at suitable courses.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. The latest risk assessment was undertaken in February 2017. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit in June 2018 showed the practice was meeting the required standards.

## **Information to deliver safe care and treatment**

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

We discussed with the 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, (formerly known as the Data Protection Act).

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

## **Safe and appropriate use of medicines**

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

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

# Are services safe?

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

## **Track record on safety**

The practice had a positive safety record.

There were comprehensive risk assessments in relation to safety issues.

The practice had processes to record accidents when they occurred. We were informed that there had been no recorded accidents within the last two years. The practice had systems to investigate, respond and learn from accidents if they occurred.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong. We reviewed a recent record regarding a significant event that had occurred. This showed that the practice was monitoring and reviewing the incident, which was ongoing at the time of our inspection. This was helping the provider to understand the risks and was providing a clear, accurate picture that was currently leading to safety improvements.

The staff were aware of the Serious Incident Framework.

There was a system for receiving and acting on safety alerts, although we noted that a log was not maintained to reflect any action taken in response to alerts received. The provider sent us evidence after the inspection that a monitoring tool had been implemented.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

The practice held a contract with NHS England to provide orthodontic treatment. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children, except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment was available for these patients as well as adults who require orthodontic treatment.

The orthodontist was trained in orthodontics and worked to The British Orthodontics Society (BOS) guidelines in delivering care to patients.

The practice had access to technology and equipment in the practice. This included three intra-oral X-ray units and an orthopantomogram machine (OPG).

The practice was an approved training practice for dentists new to general practice. Ongoing support and supervision provided to the foundation dentist included peer review. The staff were involved in quality improvement initiatives as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

### Helping patients to live healthier lives

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

The practice was based in an area that had a mix of ethnic groups and levels of deprivation.

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

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

The practice was participating in the 'Healthy Teeth, Happy Smiles' early intervention programme, an initiative led by Leicester City Council. The scheme's aims involved improving the oral health of children and adults in Leicester, and the reduction of tooth decay and associated health issues.

The practice's website included information for parents and carers about the preventative care provided when they brought their child in for an appointment. Children were given free toothbrushes and toothpaste in oral health packs. A notice was also displayed that advertised that baby bottles would be swapped for a free cup. A variety of health promotional material was also provided in the practice waiting areas. This included information on 'Smile4Life Initiative'. This programme intended to complement existing local NHS England and local authority led initiatives to improve oral health.

The practice had also built effective relations with local primary schools and nurseries and attended them on an ongoing basis to raise awareness of oral health. Staff had attended a Sure Start Centre as well as making contact with the local pharmacy and GPs to ensure effective sign posting to the practice for children with dental care needs.

In addition, the practice had held various open days. For example, staff wore blue lipstick during oral cancer awareness month and invited patients and the public to have free mouth cancer screening. Other awareness events included alcohol and sugar intake and informative displays were constructed. We saw positive feedback from patients.

An event was planned for October 2018 where children would be invited to sit in the dental chair and look at teeth models as well as use interactive tools. We were told that similar events had been run before.

The dentists 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.



# Are services effective?

## (for example, treatment is effective)

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

### **Consent to care and treatment**

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

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

The practice had implemented a policy about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions.

The practice's consent policy referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

### **Monitoring care and treatment**

We looked at a small sample of dental care records. We found that the practice kept detailed records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. For example, the principal dentist supported the foundation dentist in their role. The lead nurse had completed an oral health educator course and another of the dental nurses had commenced the course recently. The practice utilised the skills of a hygiene therapist. One of the receptionists had completed a customer care skills programme and the head nurse had undertaken a leadership course.

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

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

### **Co-ordinating care and treatment**

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

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

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

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

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

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

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were polite, calm and reassuring. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist. There was information posted in the reception area about the dentists available to register with.

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

We looked at feedback left on the NHS Choices website. We noted that all reviews left were positive and included comments regarding the dentists' effectiveness in treating patients that were anxious. Comments also included that dentists did not rush treatment and that they had trust in the staff.

Information folders, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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

### Involving people in decisions about care and treatment

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

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- We noted that literature such as consent forms, post-operative instructions and oral health information were available in different languages.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, models, software, videos, X-ray images and an intra-oral camera. These were shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

For example, staff told us how they met the needs of more vulnerable members of society such as patients with dental phobia, those with a learning difficulty and those living with other long-term conditions.

Staff had undergone, or were in the process of, undertaking training to become dementia friends. Dementia friends is an Alzheimer's Society initiative that aims to give people a better understanding of dementia.

The principal dentist told us they had specialised equipment that could be used with extremely nervous patients; the equipment did not produce a drilling sound when used.

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

The practice, currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems were seen in a ground floor treatment room.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and a hearing loop with a notice displayed to notify patients. The practice had a first-floor patient toilet facility, but not one that was suitable for patients with a disability. The provider told us that they had plans to fit a ground floor toilet that was suitable for patients with disabilities as well as an automatic opening front door to the practice.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. At the time of our inspection, the practice was making improvements to the telephone booking system by creating additional lines into the practice.

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

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. We saw that time was blocked on a daily basis for emergency appointments. Reception staff had been trained to triage patients requesting an emergency appointment.

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 practices' answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were advised to call NHS 111 outside of usual opening hours. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice audited patient waiting times on arrival at the premises.

### Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

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

We looked at comments, compliments and complaints the practice received within the previous twelve months.

# Are services responsive to people's needs?

(for example, to feedback?)

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The leaders had the capacity and skills to deliver high-quality, sustainable care. They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

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

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

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The practice planned its services to meet the needs of the practice population. We were shown plans for the development and expansion of the premises. The provider was making significant investment in this area. The plans included improved access arrangements for those with disabilities and mobility problems.

### Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, we noted a learning point as a result of a complaint. This involved staff reviewing the effectiveness of their communications with patients and their families when discussing eligibility for a particular treatment.

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

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

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

The principal 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.

There were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

### Engagement with patients, the public, staff and external partners

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

The practice used patient surveys and verbal comments to obtain patients' views about the service. The provider told us that they had not received any suggestions for improvements and patients had commented how the practice had been improved over the years.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

## Are services well-led?

The practice sought to gather feedback from staff through meetings and informal discussions. The provider told us that they hadn't received any suggestions from staff, but an open-door approach was in place should they have any ideas for improvements.

### **Continuous improvement and innovation**

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, antimicrobial and waiting time audits. They had clear records of the results of these audits and the resulting action plans and improvements.

Learning and innovation were at the forefront of this practice. The principal dentist was a trainer for foundation

dentists and had undertaken this role for many years. The practice were actively involved in local initiatives to target poor oral hygiene amongst children residing in Leicester City.

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 General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.