

# Mr Christopher Vernon Elliott

# Bellissima Clinic

## Inspection Report

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## Overall summary

We carried out this announced inspection on 8 May 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**

Bellissima Clinic is in Tanworth-in-Arden, Solihull and provides private treatment to adults and children.

There is a small step into the practice from the street which limits access for people who use wheelchairs. All new patients are advised that there is a step by the reception team. Car parking spaces, including several for blue badge holders, are available in the streets surrounding the practice.

# Summary of findings

The dental team includes the principal dentist, a visiting implantologist, a visiting clinical dental technician, two dental nurses, one trainee dental nurse, one dental hygienist, one dental hygiene therapist and one receptionist. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 33 CQC comment cards filled in by patients and spoke with five patients.

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

The practice is open:

Monday from 9am to 5pm.

Tuesday from 9am to 7pm.

Wednesday from 9am to 5pm.

Thursday from 9am to 7pm.

Friday from 9am to 4pm.

Saturday from 9am to 4pm (alternate weeks).

## Our key findings were:

- Effective leadership was provided by the principal dentist. Staff felt supported by the principal dentist and told us they were committed to providing a high-quality service to their patients.
- The provider renovated and moved to this premises in 2011. The provider had expanded services to accommodate specialists such as an implantologist and a clinical dental technician. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.
- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. On the day of our visit the principal dentist was unable to locate the infection control audit which had been completed electronically in April 2019, this was sent to us to review the following day.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. We were advised that the oxygen cylinder had been serviced within 12 months however there was no certificate or documentary evidence to support this. A replacement cylinder was in place the following day.
- The practice had comprehensive 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 were providing preventive care and supporting patients to ensure better oral health. They routinely referred patients to their dental hygienist and hygiene therapist through a clear care pathway.
- The appointment system took account of patients' needs. Patients could access treatment and urgent care when required. The practice offered extended hours appointments opening late on Tuesday and Thursday to 7pm. Saturday appointments were also available on alternate weeks for patients preferring not to attend during the week.
- The provider demonstrated a culture of continuous improvement. In-house training in basic life support and online core training were provided by the principal dentist.
- Staff felt involved and supported and worked well as a team. Several of the team members had worked with the principal dentist in excess of 20 years and therefore they had built professional and effective working relationships with one another and longstanding patients.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems and processes to deal with complaints positively and efficiently although they had not received any complaints to date.
- 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. There were sufficient numbers of suitably qualified staff working at the practice.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. On the day of our visit the principal dentist was unable to locate the infection control audit which had been completed electronically in April 2019, this was sent to us to review the following day.

The practice had suitable arrangements for dealing with medical and other emergencies. We were advised that the oxygen cylinder had been serviced within 12 months however there was no certificate or documentary evidence to support this. A replacement cylinder was in place the following day.

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 always on time, pain free and excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients commented that they never had unnecessary treatment and the treatment which they received was always first class.

The practice were committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienist and hygiene therapist through a clear care pathway.

The provider renovated and moved to this premises in 2011. The provider had expanded services to accommodate specialists such as an implantologist and a clinical dental technician. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.

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

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions. We saw examples of positive teamwork within the practice.

No action



# Summary of findings

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. In-house training in basic life support and online core training were provided by the principal dentist. In addition to this one dental nurse had completed qualifications in dental radiography, impression taking and oral health education to enhance patient care.

## Are services caring?

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

We received consistently positive feedback about the practice from 38 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very caring, always welcoming and friendly.

They said that they were given good, solid advice about dental treatments, 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. One patient commented 'as someone originally scared of the dentist, the team have always gone out of their way to make my experience as pleasant as possible. The team's care and attention are second to none, they have always gone the extra mile to help'.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. We observed all team members supporting patients in a caring, helpful and empathetic manner. The receptionist offered all patients and relatives refreshments when they entered the practice. Patients confirmed to us that the high level of customer service was usual.

No action



## Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening late on Tuesday and Thursday to 7pm. Saturday appointments were also available on alternate weeks for patients preferring not to attend during the week.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children where possible. The building was grade II listed which prevented the principal dentist being able to widen the front door. There was a small step into the practice from the street which limited access for people who use wheelchairs. The receptionist informed all new patients of the step access.

The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and told us that they would respond to concerns and complaints quickly and constructively should they receive any.

No action



# Summary of findings

## Are services well-led?

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

Effective leadership was provided by the principal dentist. Staff felt supported by the principal dentist and told us they were committed to providing a high-quality service to their patients.

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.

The practice team consisted of the principal dentist, two dental nurses, one trainee dental nurse, one dental hygienist, one dental hygiene therapist and one receptionist. Many team members had worked together in excess of 20 years and had built a supportive working relationship with one another and their patients during this time. There were clearly defined roles and responsibilities and team members we spoke with supported and respected one another.

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

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

No action



# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy however we noted that this did not include all external organisation details that staff could report concerns to. The policy was immediately updated to rectify this. 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. 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 comprehensive business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice used a handheld digital X-ray unit with a fitted rectangular collimator which reduced the dose and scatter of radiation.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The latest audit completed in January 2019 required no actions to be completed.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. One dental nurse held a radiography qualification.

### **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. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually, this was last reviewed in January 2019.

# 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 (BLS) every year. Medical scenario training in relation to simulating a patient collapse had been completed at a recent staff meeting to ensure staff were kept up to date and had the confidence to respond if a medical emergency occurred.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We were advised that the oxygen cylinder had been serviced within 12 months however there was no certificate or documentary evidence to support this. A replacement cylinder was in place the following day.

A dental nurse worked with the dentists, the dental hygienist and the hygiene therapists when they treated patients in line with GDC Standards for the Dental Team. A copy of the GDC Standards was kept on file for all staff members to access.

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. 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.

The practice carried out infection prevention and control audits twice a year. On the day of our visit the principal dentist was unable to locate the most recent infection control audit which had been completed electronically in April 2019, this was sent to us to review the following day. 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**

The provider 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 principal dentist was aware of current guidance with regards to prescribing medicines.

# Are services safe?

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. The practice had systems to monitor and review incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

The provider renovated and moved to this premises in 2011. The provider had expanded services to accommodate specialists such as an implantologist and a clinical dental technician. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.

The practice offered dental implants. These were placed by the visiting specialist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to digital X-rays, clini-pads and an intra-oral camera to enhance the delivery of care.

### 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. They routinely referred patients to their dental hygienist and hygiene therapist through a clear care pathway.

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

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

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

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

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

### Consent to care and treatment

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

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

The practice had a policy which included information 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 policy also referred to Gillick competence, by which a child under the age of 16 years of age may 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

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 clinicians recorded the necessary information.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the trainee dental nurse was being supported to complete their dental nurse qualification. Another dental nurse had completed qualifications in

# Are services effective?

(for example, treatment is effective)

dental radiography, impression taking and oral health education to enhance patient care. In-house training in basic life support and online core training was provided by the principal dentist.

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

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

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

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

The principal dentist 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 dental 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 through an online referral system to make sure they were dealt with promptly.

# 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 very caring, always welcoming and friendly.

They said that they were given good, solid advice about dental treatments and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist. One patient commented 'as someone originally scared of the dentist, the team have always gone out of their way to make my experience as pleasant as possible. The team's care and attention are second to none, they have always gone the extra mile to help'.

We observed all team members supporting patients in a caring, helpful and empathetic manner. The receptionist offered all patients and relatives refreshments when they entered the practice. Patients confirmed to us that the high level of customer service was usual.

At the time of our visit the principal dentist was updating the patient information folder to include interesting facts about dentistry and detail the history of the building.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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

### Involving people in decisions about care and treatment

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

requirements under the Equality Act to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and an intra-oral camera. The intra-oral camera 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

### Responding to and meeting people's needs

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

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

The principal dentist shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, patients living with dementia and patients with long-term medical conditions. Longer appointments would be scheduled at the end or beginning of a session for any patients that were particularly anxious.

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. For example, the receptionist described how they supported one patient with impaired mobility by escorting them across the road to practice and then back to their home following their appointments.

The practice had made reasonable adjustments where possible for patients with disabilities. These included large print documents upon request, a hearing loop and an accessible toilet with hand rails. The clini-pads could be used to enlarge documents for patients. The building was grade II listed which prevented the principal dentist being able to widen the front door. There was a small step into the practice from the street which limited access for people who use wheelchairs. The receptionist informed all new patients of the step access.

A disability access audit had been completed in April 2019 and an action plan formulated to continually improve access for patients.

All patients that had consented were reminded of appointments two days before by text message. Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### 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 offered extended hours appointments opening late on Tuesday and Thursday to 7pm. Saturday appointments were also available on alternate weeks for patients preferring not to attend during the week.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen 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.

The principal dentist provided an emergency on-call service for patients seen at the practice.

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. One patient we spoke with told us that they had used the out of hours service and the dentist saw him for an emergency appointment at the practice within one hour.

### Listening and learning from concerns and complaints

The principal dentist told us they took complaints and concerns seriously and if they received any they would respond 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 principal dentist was responsible for dealing with these. Staff advised that they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

# Are services responsive to people's needs? (for example, to feedback?)

We looked at comments and compliments that the practice received within the past 12 months.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The practice team consisted of the principal dentist, two dental nurses, one trainee dental nurse, one dental hygienist, one dental hygiene therapist and one receptionist. Many team members had worked together in excess of 20 years and had built a supportive working relationship with one another and their patients during this time. There were clearly defined roles and responsibilities and team members we spoke with supported and respected one another.

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

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The principal dentist had annual refurbishment plans in place for the premises which included repainting the exterior of the building.

### Vision and strategy If applicable

There was a clear vision and set of values. The practice mission statement which was displayed in the patient information leaflet advised patients that the team prided themselves upon delivering a highly professional, individual and distinctive service to all their patients.

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

### 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.

The provider had processes available to take effective action to deal with poor performance should the need arise.

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

Staff told us they felt comfortable to raise concerns and were actively 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, clinical leadership of the practice and 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, online feedback and verbal comments to obtain patients' views about the service.

Patient survey results from January 2019 were very positive and showed that of the 13 respondents 100% responded that the following statements were rated as excellent: 'how easy was it to obtain an appointment?', 'how happy were you with the service given by the clinician?' and 'were the reception staff kind and helpful?'. Comments received on

## Are services well-led?

the feedback forms included: 'very welcoming, excellent dentist, wouldn't use anyone else', 'All aspects of treatment here I enjoy, even having my teeth drilled' and 'I cannot speak highly enough of this practice, excellent!'

The practice 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. We saw examples of suggestions from staff the practice had acted on. For example, the receptionist and dental nurse told us that they chose their work uniforms and the colour décor in the waiting room.

### **Continuous improvement and innovation**

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The 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.