

Portman Healthcare Limited

Lavender Road Dental Clinic

Inspection Report

34 Lavender Road
Leicester
Leicestershire
LE3 1AL
Tel: 0116 2221880
Website: www.lavenderroad.co.uk

Date of inspection visit: 21 August 2018
Date of publication: 20/09/2018

Overall summary

We carried out this announced inspection on 21 August 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

Lavender Road Dental Clinic is in West Leicester and provides NHS and private treatment to adults and children. The practice holds a contract with NHS England to provide sedation services and orthodontics. These services are also provided to patients on a private basis. The practice also offered dental implants.

The practice were not accepting new NHS patients for registration at the time of our inspection.

There is level access for people who use wheelchairs and those with pushchairs. There are no car parking facilities

Summary of findings

on site, but free on road parking is available outside the practice. Parking is also available at a local church (with their agreement), which is within close proximity of the practice.

The dental team includes seven dentists, three anaesthetists, 13 dental nurses, one dental hygienist, one administrator, three receptionists and a practice manager.

The practice has five treatment rooms; three of which are located on the ground floor.

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 Lavender Road Dental Clinic is the practice manager.

On the day of inspection we collected 18 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses, the dental hygienist, 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 Friday from 8am to 7pm and Saturday from 8am 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 a dedicated practice manager, 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 effective 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. The focus on learning was embedded within the practice operations.

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.

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.

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. Comments we received from patients described the treatment they received as excellent and delivered by professionals.

Dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice held a contract with NHS England and accepted referrals for sedation and orthodontics. They also had clear arrangements when patients needed to be referred to other dental or health care professionals.

Training and skills development were at the forefront in this practice. The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

No action



Are services caring?

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

We received feedback about the practice from 18 people. Patients were positive about all aspects of the service the practice provided. Patients told us overwhelmingly that staff were extremely helpful, understanding and that 'nothing was too much trouble'.

They said that they were given helpful, detailed and informative explanations about dental treatment, and said their dentist listened to them. Patients commented very positively that staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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. We were told that patients could get an appointment quickly, if in pain.

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 sight or 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 effective 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 routinely 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 & 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 who was supported by the lead nurse/compliance facilitator.

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.

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 told us they felt confident they could raise concerns without fear of recrimination. Not all staff were aware of external channels for reporting outside of the provider's head office.

The dentists routinely used rubber 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. They had arrangements with another practice to use their premises in the event of an emergency which affected the use of the building. The plan had last been reviewed in October 2017.

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 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. We saw servicing and testing documentation dated within the previous twelve months of our inspection.

Records showed that fire detection equipment, such as smoke detectors 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. 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.

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff. We noted some areas that required further review by the practice. The practice accepted patient referrals from other practices. We noted that a service level agreement had not yet been implemented between the referrers and the practice; as recommended in Guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography) Equipment. The practice did not always consider clinical limitations when evaluating images, and the appropriate course of action to take if a circumstance arose which required outside expertise. The practice had sought guidance from their Radiation Protection Adviser (RPA) and the machine was subject to routine testing every three years, based on their direction.

Risks to patients

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

Are services safe?

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 staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, 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. Immediate Life Support training for sedation was also completed. Training last took place in September 2017.

Emergency equipment and medicines were available as described in recognised guidance. We noted that not all sizes of clear face masks for the self inflating bag were available; an order was placed for these during our inspection. Staff kept records of their checks to make sure emergency equipment and medicines 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 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 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.

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. Records of water testing and dental unit water line management were in place.

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 audits in November 2017 and June 2018 showed the practice was meeting the required standards. The practice had implemented action plans for further improvements.

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.

Are services safe?

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.

Track record on safety

The practice had a very positive safety record. There was a focus on learning and this approach was embedded within the practice operations.

The practice had processes to monitor and review accidents when they occurred. We looked at records relating to five accidents that had been reported since November 2017. The accidents had been investigated, documented and discussed with the dental team to prevent such occurrences happening again. For example, following an accident when someone walked into a glass door, a sign was posted on the door that alerted staff and patients to it.

Lessons learned and improvements

The practice learned and made improvements when things went wrong. We reviewed information relating to an untoward incident that had occurred in June 2017. The practice monitored and reviewed incidents / significant events. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

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.

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 orthodontics. 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. The practice had suitable policies and procedures for assessing and treating patients. The orthodontist was trained in orthodontics and worked to The British Orthodontics Society guidelines in delivering care to patients.

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

One of the dentists had a particular interest in endodontics, (root canal therapy).

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. We were informed about how the practice analysed outcomes of care and patient treatment, for example Peer Assessment Rating (PAR) scoring for orthodontic treatment. One of the dental nurses was trained in this scoring.

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 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 practice demonstrated they had a strong preventative ethos. The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

One of the dental nurses was trained in oral health education. One of the dentists had undertaken a visit to a local primary school in March 2018 to promote oral health awareness to the children. The practice had a social media page and used this to increase patient understanding of oral health issues such as mouth cancer.

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 available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist and dental hygienist 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 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 held detailed information about the Mental Capacity Act 2005. This included an easy step by step guide on assessing a patient's mental capacity. The team demonstrated to us that they fully understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. The practice management had plans to deliver further training regarding the Act to reinforce staff knowledge.

Are services effective?

(for example, treatment is effective)

Staff were aware of 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

The practice kept very detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

The practice carried out conscious sedation for patients who would benefit and had a contract in place with NHS England. This service was for people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records relating to when intravenous sedation was provided showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. The records relating to when inhalation sedation was provided also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Training was at the forefront in this practice. For example, we noted that four of the dental nurses had recently completed training in sedation; this was in addition to four other nurses who were already trained in this area. Three of the dental nurses had undertaken an implants course and a dental nurse was currently completing an oral hygiene course. The practice manager started in her role in November 2017 and had obtained a diploma in dental practice management. The lead nurse had also undertaken a level three leadership course. Dentists had specialised skills including implantology, orthodontics and sedation.

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.

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 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 procedures under sedation and orthodontics 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 extremely helpful, understanding and that 'nothing was too much trouble'. 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. One patient commented that they felt completely confident about their planned treatment as their fears and anxieties had been successfully allayed by the dental team.

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

An information folder, 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 waiting areas provided some 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

Accessible Information Standards and the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. There was a prompt sheet used to enable patients to show their country of origin.
- Other languages were spoken by some of the practice staff.
- 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. Dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos and X-ray images.

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 mental health condition and those living with other long-term conditions.

Reception staff told us they could utilise the space in the practice, such as the recovery room where particularly nervous patients could wait prior to being seen. Staff also considered the time of day to allocate an appointment if a patient was anxious, such as earlier in the day.

Details about the practice were highlighted through searches on the internet, if someone searched for a dental phobic dental practice.

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 treatment room on the ground floor. Their records were also flagged to highlight to staff their mobility problems. Different height seating was available in the waiting area.

On the day of our inspection, we saw patients who used wheelchairs and noted that their needs were accommodated.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, glasses at the reception desk and accessible toilet with hand rails and a call bell.

A Disability Access audit had been completed in November 2017.

Staff told us they telephoned patients who were visually impaired to remind them of their forthcoming

appointment. Text message reminders to mobile telephones and automated voice messages to landlines were issued a day before patients were due to attend the practice.

Timely access to services

Patients were able to 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 pack and on their website.

The practice had an efficient appointment system to respond to patients' needs. We noted that there was an appointment available with one of the dentists the following working day. The practice held a cancellation list so they could contact patients who were hoping to be seen more quickly for an appointment, if one became available.

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 unduly waiting.

We did note some negative feedback that had been received by the practice in April 2018 which related to lack of time keeping from arrival at reception and cancellations. The practice had reviewed this and taken action to continually improve systems.

The dental staff took part in an emergency on-call rota which was shared with some other local practices. NHS patients were informed to contact NHS 111.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

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 provided information to patients that explained how to make a complaint.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager was responsible for dealing with complaints. 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 told us they would invite 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 written and verbal complaints the practice received within the previous twelve months of our inspection.

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

We noted a number of compliments about the team and these included examples of how staff had been caring and responsive to individual patients' needs.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity and skills to deliver high-quality, sustainable care.

The practice manager with support from their staff 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. The original owners of the practice had continued to work in the practice after they had sold it to the current provider. They told us that they remained as committed to working within the practice as beforehand. We found effective clinical leadership arrangements.

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.

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.

Our review of documentation and discussions held with staff all supported that the practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We looked at a particular patient complaint which detailed the review and learning that had subsequently taken place.

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. A number of regular meetings took place amongst staff. These included monthly practice meetings for all staff to attend, monthly dentist meetings, fortnightly nurse meetings and fortnightly reception staff meetings. The meetings provided a forum for any issues to be discussed.

Governance and management

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

The practice manager who was also the newly appointed registered manager had overall responsibility for the management and clinical leadership of the practice. They received support from the dentists and lead nurse. The practice manager was also 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, written and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff that the practice had acted on. For example, staff

Are services well-led?

feedback included the provision of a patient information pack to patients rather than a leaflet. Patient feedback included the request for WIFI access (which had been implemented) and had prompted a review of waiting times.

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

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

Continuous improvement and innovation

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

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

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

We were informed about training provided in-house within the provider's academy. We were given an example about a patient journey course that was run.

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.