Lichfield Dental Care Ltd

Lichfield Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 9 December 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Lichfield Dental Care is in Lichfield and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes four dentists, six dental nurses, two dental hygienists, one dental hygiene therapist, one receptionist and a practice manager. Two of the dental nurses also work on reception. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers

Summary of findings

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 Lichfield dental care is the principal dentist.

On the day of inspection, we collected 30 CQC comment cards filled in by patients.

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

The practice is open: Monday to Friday 9am to 5pm. The practice is closed for lunch for one hour each day between 1pm and 2pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. Fire and health and safety risk assessments had recently been conducted and identified issues for action.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. Although basic periodontal examinations were not recorded for children aged seven plus years of age.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

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

No action

Are services effective?
We found this practice was providing effective care in accordance with the relevant regulations.

No action

Are services caring?
We found this practice was providing caring care in accordance with the relevant regulations.

No action

Are services responsive to people's needs?
We found this practice was providing responsive care in accordance with the relevant regulations.

No action

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

No action

Are services safe?

Our findings

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

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

Staff had 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were aware whom within the practice they should speak with if they had any safeguarding concerns. A copy of the safeguarding reporting process was available in each dental treatment room and in various other locations throughout the practice. We were told that dentists had downloaded the safeguarding app on their telephones which gave up to date information including contact details for local safeguarding authorities. We saw evidence that staff had received safeguarding training and safeguarding had been discussed at a practice meeting. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Although the practice had a 'was not brought' policy regarding children or vulnerable adults who were not brought to their appointments, not all staff were aware of this or the procedure to follow. We were shown evidence that this had been discussed at a recent practice meeting. Following this inspection, we were told that a further meeting had been held to discuss the was not brought process, reception staff had been given a copy of an information flow chart and standard letter templates to send out as relevant.

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

The practice manager confirmed that discussions had been held recently to provide information to staff regarding adults that were in other vulnerable situations, for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. The practice manager was the infection prevention and control lead at the practice. The practice manager had completed training but confirmed that further infection prevention and control training was to be completed and this was included on their personal development plan.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were maintained. A health and safety management audit had recently been completed at the practice, this identified that not all recommendations in the legionella risk assessment had been actioned. We were told that action would be taken to address issues identified.

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

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

Are services safe?

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

The provider had a Speak-Up policy which was regularly reviewed and updated as necessary. This included contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. Staff felt confident they could raise concerns without fear of recrimination and said that they would not hesitate to raise concerns as necessary.

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

The provider had a recruitment policy and procedure to help them employ suitable staff. We were told that the recruitment policy required updating. The practice manager was aware of the relevant legislation regarding the recruitment of staff. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure. Recruitment files were securely stored.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw gas boiler service records for June 2019, and an electrical fixed wire report which had been completed in December 2019. The practice received this report on the morning of the inspection and had not had the opportunity to review issues for action. The practice manager confirmed that issues would be addressed as a matter of priority. Portable appliances were tested on a regular basis by an external professional. There was no evidence that annual visual checks were completed, this was also identified in the practice's fire risk assessment.

A fire risk assessment was carried out on 5 December 2019 in line with the legal requirements. Some issues for action were identified. We were told that the risk assessment had been received at the practice on the day of inspection. This would be discussed with the provider and appropriate action taken as required to address these issues. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. A member of staff had been allocated the lead role and had completed fire marshal training. This staff member completed regular checks on fire safety equipment. For example, records were available to demonstrate that emergency lighting and fire alarms were checked monthly. A fire safety check log recorded that signs, exits and extinguishers were checked at least twice weekly. Staff completed fire drills and records were seen for the drills completed in March and September 2019.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice used digital x-rays and although rectangular collimators (used to reduce the dose and scatter of radiation) were available these were not used. The dentist confirmed that they would start using these again and conduct an audit to identify any changes in quality of X-rays following their implementation. Their use would be reviewed following the results of the audit. Following this inspection, we were told that rectangular collimators were now in place on all X-ray units.

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

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. An external company had recently completed a health and safety management audit at the practice. Issues for action had been identified. The practice had received a copy of the audit on the day of our inspection and confirmed that action would be taken to address issues identified. The provider had current employer's liability insurance.

Are services safe?

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

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

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information was displayed throughout the practice and on information provided on the television in the waiting room. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenario training was also carried out regularly at practice meetings.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they 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 General Dental Council Standards for the Dental Team. We were told that dental hygienists worked without chairside support. Systems were in place to ensure these staff were safe and able to obtain support from dental nurses when requested.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These were kept in alphabetical order in a designated folder. The practice manager confirmed that further work was required to bring this folder up to date, this included removing out of date information and carrying out risk assessments for some newly added products. This was also identified as an issue for action in the health and safety management audit recently completed at the practice.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written or typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. However, we noted that some out of date medicines were stored in a locked drawer awaiting disposal. The practice manager confirmed that they would dispose of these immediately.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentist required updating regarding the current guidance with regards to prescribing medicines. This was discussed during the inspection and the dentist confirmed that they would review information and updates regarding this immediately.

Antimicrobial prescribing had recently been discussed with staff at the practice. The dentist required some updating regarding the current guidance with regards to prescribing medicines and confirmed that this issue would be addressed with immediate effect. We were told that an audit would be commenced which would help to ensure staff were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. The practice had an accident policy and an accident

Are services safe?

book and reporting forms in accordance with the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR). We were told that there had been no RIDDOR incidents at the practice. Accidents were recorded in an accident book and significant event forms were completed regarding any accident. Staff monitored and reviewed incidents/significant events. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Leaflets were available in the waiting room regarding smoking and alcohol and the effect on oral health. We were told that dentists also gave information to patients regarding these topics. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist had visited a local school to provide a presentation on oral health. Children were given "goody bags" containing toothbrushes.

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 with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients were all given a treatment plan which detailed information about treatment and any associated cost. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. Staff we spoke with showed an understanding of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age. Staff had completed training regarding the Mental Capacity Act.

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. However basic periodontal examination information was not recorded for children aged seven plus years of age.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. Sufficient numbers of staff were employed to cover each other during times of staff leave. Some of the dental nurses and the practice manager were also trained to work as receptionists and provided additional support when required.

Staff new to the practice followed an induction programme, this included orientation to the practice, reading practice policies and procedures, discussions and training. Staff told us that they were given on the job training during their induction. We were told that everyone was supportive and helpful and their induction training provided them with the information needed to be able to do their job. Induction documentation did not clearly demonstrate that staff had understood training given. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. We observed staff interactions with patients in person and over the telephone. Staff were helpful, knowledgeable and attentive, trying to ensure patients' needs were accommodated.

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

Patients commented positively that staff were helpful, welcoming and courteous. We saw that staff treated patients in a caring, respectful manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. One person commented that they received a "fantastic service from start to finish, great relaxed atmosphere, you are treated with superb care and respect. All staff are really friendly and nothing is a problem". We were also told "the practice is very professional. Staff are caring and respond efficiently to all my queries". "The service in this practice is always caring and excellent. I can't fault it in any way".

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told "staff are always caring and respectful, very professional, very considerate, I am always put at ease. Have total confidence in the treatment, always listened to and given advice".

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

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

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

All consultations were carried out in the privacy of the treatment room and we saw that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Some staff at the practice were able to speak Polish and Farsi and where necessary patients were told about multi-lingual staff that might be able to support them.
- Staff told us that they did not have any difficulty communicating with patients in a way they could understand, we were told that information could be made available in large print if required. Staff had access to services that could provide information for patients in Braille.

Staff gave patients clear information to help them make informed choices about their treatment. Treatment options and risks were described using clear simple terminology. Patients were given treatment plans and were able to take time to think before agreeing to any treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These

Are services caring?

included for example explaining things in simple easy to understand terms, taking time to discuss information, showing patients photographs, study models, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff said that they knew their patients well and provided extra support when needed. For example, giving extra reminders regarding appointments. One patient told us "(name) excellent, very gentle and thorough, his care of my wife who has dementia is exemplary".

Staff told us that they always chatted to patients to try and make them feel at ease and we observed this taking place on the day of inspection. Staff told us that they would try to find out what had made the person anxious about visiting the dentist and always ask if there were any questions or information they needed. New patients that were anxious were encouraged to visit the dentist regularly to try and overcome their anxiety. Patients were able to bring a friend or relative with them to their appointment. Patients were able to have an appointment to chat about treatment. Music was played in the reception and treatment room to create a relaxed atmosphere. Staff said that they explained things to the patient, took their time and undertook treatment over numerous appointments if this helped. One patient commented that "very pleasant environment, all staff very caring and friendly, relaxes my fear of dentists".

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

Thirty cards were completed, giving a patient response rate of 60%, 100% of views expressed by patients were positive. Common themes within the positive feedback were relaxed atmosphere, friendly, caring, professional staff and patients were treated with respect.

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access and accessible toilet with hand rails and a call bell. The practice did not have a hearing loop, reading glasses or a magnifying glass. Staff discussed the other methods used to communicate with patients who had visual or hearing impairments.

Staff sent text reminders to patients prior to their appointment and telephoned some patients on the morning of their appointment to make sure they could get to the practice. Courtesy calls were also made to some patients following any lengthy dental treatment or extraction or at the request of the dentist.

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 on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Reception staff told us that appointment slots were kept free each day to be used by patients in dental pain. Once these were full patients were asked to attend nearer to lunchtime or the end of the working day and asked to sit and wait to see the dentist. 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 staff took part in an emergency on-call arrangement with the 111 out of hours service and patients were directed to the appropriate out of hours service.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental

Are services responsive to people's needs?

(for example, to feedback?)

treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us that complaints and concerns were taken seriously and responded to appropriately to improve the quality of care. The practice manager was the complaints lead and staff spoken with were aware that all complaints should be forwarded to them. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. We were told that staff would always try to resolve any verbal complaints immediately. All information about verbal complaints was forwarded to the practice manager. Systems for recording verbal concerns or 'niggles' required improving and the provider confirmed that a system would be put in place to monitor this information.

The provider had a policy providing guidance to staff about how to handle a complaint.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns. A copy of the practice's complaint procedure was on display in the waiting room.

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice acted in accordance with Duty of Candour requirements and took action to ensure that issues identified were addressed.

Are services well-led?

Our findings

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

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

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

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

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

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

Culture

The practice had a culture of high-quality sustainable care. Staff told us that they worked well as a team, helped each other and enjoyed coming to work each day. Staff said that their main aim was to provide an excellent service to their patients. The practice aims and objectives were set out in their statement of purpose as follows.

We aim to promote good oral health to all patients attending our practice for care and advice.

We will provide high quality dental care, including periodic examinations and treatment, where required and in line with current guidelines and best practice.

We will understand and meet the needs of our patients, involve them in decisions about their care and encourage them to participate fully.

We will ensure that all members of our team have the right skills and training to carry out their duties competently and with confidence. We will ensure an awareness of current national guidelines affecting the way we care for our patients thus creating a safe, effective and well-led service.

We will involve other professionals in the care of our patients, where this is in the patient's best interests.

Staff stated they felt respected and valued. We were told that the practice manager encouraged staff to speak with them if they had any issues or concerns and that leaders were approachable, helpful and supportive. Staff said that they were proud to work in the practice. We were also told that the practice was "an excellent place to work".

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. Not all appraisal documentation seen had space for signature by the appraiser or appraisee and no space for any additional comments to be recorded. We saw that appraisal documentation for dental nurses included this information. All staff were included in the annual appraisal process including the practice owners.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. Staff were aware who held lead roles within the practice and therefore who would be best to provide support. Staff were reminded who held lead roles during practice meetings.

Are services well-led?

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

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. Policies and procedures were discussed at practice meetings whenever reviews or updates were required.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The provider used a comment book and encouraged verbal comments to obtain patients' views about the service. The practice had a social media page which the practice owners were responsible for updating and patients posted comments about the practice on this site. We were told that the practice did not issue satisfaction surveys to patients but patients often left feedback on 'google reviews'. We saw that the practice had received 4.6 out of 5 from 74 reviews left. The provider responded to any less positive feedback left on google review. We saw that wholly positive feedback was recorded in the practice's comments book.

New patients registering at the practice were requested to complete information about how they heard about the practice. We were told that a large number of new patients registered as the practice had been recommended to them.

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

The provider gathered feedback from staff through meetings and informal discussions. The practice held monthly practice meetings. Staff were able to add information to the agenda for discussion. Discussions were held with those staff who were unable to attend the meeting and a copy of the minutes were available for review. We were told that ad-hoc meetings would be held at lunchtime to discuss any urgent issues.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The provider was a member of the Local Dental Committee.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits, we saw the latest audit of dental care records dated November 2019, radiographs, June 2019, infection prevention and control, December 2019 and hand hygiene dated September 2019. Staff kept 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.

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