Mroke Limited

Elm Villa Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 06 February 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

Elm Villa Dental Practice is in Chesterton, Newcastle under Lyme and provides NHS and private treatment to adults and children. The provider also owns a practice in Madeley.

The practice is accessed by steps at the front of the building and therefore is not accessible for patients in wheelchairs. The provider also owns a practice in Madeley, Crewe which does have wheelchair access and

Summary of findings

patients requiring this can be treated there. Car parking spaces, including some for blue badge holders, are available in a nearby public car park or the streets surrounding the practice.

The dental team includes five dentists, five dental nurses, two trainee dental nurses, a dental hygiene therapist, a clinical dental technician, an operations manager, a practice manager and two receptionists. 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 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 Elm Villa Dental Practice is the principal dentist.

On the day of inspection, we collected 19 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists, two dental nurses, one trainee dental nurse, one receptionist, the operations manager 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: from 9am to 5.30pm.

Tuesday: from 9am to 5.30pm.

Wednesday: from 9am to 6pm.

Thursday: from 9am to 6pm.

Friday: from 9am to 5pm.

Saturday: By appointment.

Our key findings were:

- Strong and effective leadership was provided by the principal dentist and empowered managers.
- Staff felt involved and supported and worked well as a team.
- The practice appeared clean and well maintained. The practice team was responsible for cleaning the practice and used cleaning schedules to manage this.
- 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. However, on the day of our inspection the practice did not have complete assurance of one staff member's Hepatitis B immunity levels and legionella water temperatures had not routinely been recorded. These concerns were rectified within 48 hours of our inspection.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details were displayed on a staff notice board. The safeguarding lead was trained to level three.
- 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 therapist through a clear care pathway. A copy of the Delivering Better Oral Health toolkit was available for staff to read.
- The appointment system took account of patients' needs. Patients could access treatment and urgent care when required. The practice offered extended hours appointments opening until 6pm on Wednesday and Thursday; and opening on Saturday from 9am to 1pm.
- Training and development was at the forefront in this practice due to the principal dentist previously being a verified trainer to support newly qualified foundation dentists, and the practice manager previously working in a training practice.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

Summary of findings

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular ensuring that monthly water temperatures are routinely recorded and any temperatures that fall outside of the recommended range are reported and investigated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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.

Learning from incidents and complaints was recorded in detail and shared with team members to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding contact details were displayed on a staff notice board. The safeguarding lead was trained to level three.

Staff were qualified for their roles and the practice completed essential recruitment checks. We found one member of staff had received appropriate Hepatitis B vaccines however their recorded immunity levels were not high enough. There was no risk assessment or assurance that any booster vaccine had been administered. The practice manager immediately completed a risk assessment and requested the staff member to contact occupational health for a review.

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

A legionella risk assessment had been completed, however the water temperatures were not routinely checked and we found that the water temperature recorded in January 2019 fell outside of the recommended range. This had not been reported to the practice manager for investigation or remedial action. The practice manager advised us that they would review current processes and accountability to prevent any recurrence of this.

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

Are services effective?

No action

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 excellent, gentle and top class. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice provided extensive preventative oral hygiene advice and support. They routinely referred patients to their dental therapist through a clear care pathway. The practice had participated in the 'Delivering Better Oral Health: Prevention in Practice Award'. This involved developing the dental team's knowledge and skills through tailored topic based training sessions and fostering a commitment to delivering routine advice in oral health promotion.

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

Summary of findings

Training and development was at the forefront in this practice due to the principal dentist previously being a verified trainer to support newly qualified foundation dentists, and the practice manager previously working in a training practice. The provider supported staff to complete training relevant to their roles and had training schedules and learning packs to help them monitor this.

Are services caring?

No action 

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

We received feedback about the practice from 19 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and attentive.

They said that they were given detailed explanations about dental treatment 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.

Comments we viewed from patients were consistently positive and included 'Staff always make me feel at ease', 'Very good service and a lovely dentist who really talked with me about treatment rather than just telling me what was going to happen' and 'Always seen quickly for emergency appointments'.

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 reception team members supporting patients in a polite, respectful and helpful manner.

Are services responsive to people's needs?

No action 

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. The practice offered extended hours appointments opening until 6pm on Wednesday and Thursday; and opening on Saturday from 9am to 1pm. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities where possible for patients with a disability and families with children. The practice was accessed by steps at the front of the building and therefore was not accessible for patients in wheelchairs. The provider also owned a practice in Madeley, Crewe where patients requiring wheelchair access could be accommodated.

The practice had access to telephone 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.

Are services well-led?

No action 

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

Summary of findings

Strong and effective leadership was provided by the principal dentist and empowered managers.

The principal dentist had made significant improvement to the practice since taking over ownership ten years ago. Two additional treatment rooms had been built, an accessible toilet had been installed for patients with limited mobility, a decontamination room had been designed and the practice had been renovated and modernised.

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

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

The 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.

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, the safeguarding lead had completed level three child safeguarding. 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 and supporting policy 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. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity 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 six 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.

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

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

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were 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. Safer sharps' systems were not used as recommended by current safety regulation when using needles. A sharps' risk assessment had been undertaken however there was scope for improvement by adding further detail to reflect processes in place. A sharps risk assessment with greater detail was sent to us following the inspection.

Are services safe?

One of the dentists used gloves containing latex however no risk assessment had been completed to mitigate the potential risk. Following our feedback discussion, we were advised that they would use latex free gloves.

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. However, we found one member of staff's recorded immunity levels were not high enough. There was no risk assessment or assurance that any booster vaccine had been administered. The practice manager immediately completed a risk assessment and requested the staff member contact occupational health for a review.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition to this medical emergency scenarios were discussed and completed every six months.

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.

A dental nurse worked with the dentists, the hygiene therapist and clinical dental technician 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 (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 which had been completed in January 2017. However, we found the water temperatures were not routinely checked and the water temperature recorded in January 2019 fell outside of the recommended range. This had not been reported to the practice manager for investigation or remedial action. The practice manager advised us that they would review current processes and accountability to prevent any recurrence of this.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and feedback from patients confirmed this was normal.

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. The latest audit completed in January 2019 attained a score of 96% which 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.

Are services safe?

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

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

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

Track record on safety and Lessons learned and improvements

The practice took safety seriously and had organised systems to help them manage this. There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed 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 ten safety incidents recorded. The incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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.

Since joining the practice four months ago, the practice manager had implemented clinical meetings every six weeks to discuss clinical pathways, changes to legislation and current dental standards. Topics discussed included Sepsis, NICE guidelines, rubber dam and dental audits.

The practice had access to intra-oral cameras and digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided extensive preventative oral hygiene advice and support. They routinely referred patients to their dental therapist through a clear care pathway. The practice had participated in the 'Delivering Better Oral Health: Prevention in Practice Award'. This involved developing the dental team's knowledge and skills through tailored topic based training sessions and fostering a commitment to delivering routine advice in oral health promotion.

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

The practice actively supported national oral health campaigns and local schemes to support patients to live healthier lives. An oral health education display in the waiting room was updated monthly to inform patients of national campaigns such as national smile week, smoking cessation and oral cancer awareness. At the time of our visit the oral health display focussed on 'Fizzy February' and the sugar content in various drinks to raise patient awareness.

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

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's consent policy 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 dentists/clinicians recorded the necessary information.

Effective staffing

Are services effective?

(for example, treatment is effective)

Training and development was at the forefront in this practice due to the principal dentist previously being a verified trainer to support newly qualified foundation dentists, and the practice manager previously working in a training practice. The provider supported staff to complete training relevant to their roles and had training schedules and learning packs to help them monitor this.

Staff had the skills, knowledge and experience to carry out their roles. For example, both managers were qualified dental nurses, one of the dental nurses held an oral health educator qualification and the practice manager had completed a radiography course.

Staff new to the practice had a period of induction based on a comprehensive structured programme. This included completing an induction checklist, an induction programme and a learning pack. 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, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Training displays were placed on the staff 'raising awareness in our team' wall to help embed any recent learning. At the time of our inspection the display contained training material relating to Sepsis, Going Green and GDPR.

Co-ordinating care and treatment

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

A clinical dental technician visited the practice on Saturdays to facilitate any denture work referred by the dentists.

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

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with 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 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 caring, friendly and attentive. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Comments we viewed from patients were consistently positive and included 'Staff always make me feel at ease', 'Very good service and a lovely dentist who really talked with me about treatment rather than just telling me what was going to happen' and 'Always seen quickly for emergency appointments'.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

Information folders, dental health leaflets and practice policies were available for patients to read in the waiting room.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality and policies. 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 Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language. We saw notices in the reception areas informing patient's that translation services, sign language and braille were available. Patients were also told about multi-lingual staff that might be able to support them.
- 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 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 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 practice manager shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, people living with dementia and patients with long-term conditions.

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.

The practice had made reasonable adjustments where possible for patients with disabilities. The practice was accessed by steps at the front of the building and therefore was not accessible for patients in wheelchairs. The provider also owned a practice in Madeley, Crewe where patients requiring wheelchair access could be accommodated. Adjustments in place included a hearing loop, large print documents and accessible toilet with hand rails and a call bell.

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

Where consent had been given, patients received a courtesy reminder call the day before their appointment.

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 outside the premises, and included it in their information leaflet and on their website. The practice offered extended hours appointments opening later Wednesdays and Thursdays until 6pm and opening on Saturdays from 9am to 1pm.

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 emergency on-call arrangement was provided by NHS 111 out of hour's service. 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.

Listening and learning from concerns and complaints

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

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

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

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

We looked at comments, compliments and complaints the practice received within the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Strong and effective leadership was provided by the principal dentist and empowered managers.

The principal dentist had made significant improvement to the practice since taking over ownership ten years ago. Two additional treatment rooms had been built, an accessible toilet had been installed for patient with limited mobility, a decontamination room had been designed and the practice had been renovated and modernised.

The leadership team consisted of the principal dentist, the operations manager and the practice manager. We found leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders 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.

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.

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.

We saw the provider took effective action to deal with 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. 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. Details of delegated lead responsibilities were displayed in the staff room.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager and operations manager were 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. Where shortfalls in managing or identifying risks had been highlighted during our inspection the provider took immediate action to rectify these.

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 through NHS Choices and verbal comments to obtain patients' views about the service.

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 results for November 2018 to January 2019 showed that 100% of patients would recommend this practice to friends and family.

Are services well-led?

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 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 results of these were discussed with clinicians at clinical meetings.

The principal dentist and practice manager 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.