

Treetops (Midlands) Limited

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Inspection Report

Treetops Dental Surgery

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Overall summary

We carried out this announced inspection on 6 August 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

Treetops (Midlands) Limited is in Codsall and provides NHS and private treatment to adults and children. The practice is part of a group of 10 practices which are owned by different providers.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including two spaces for blue badge holders, are available near the practice.

The dental team includes ten dentists, one with a special interest in endodontics, one with a special interest in orthodontics and one being a periodontist. Supporting

Summary of findings

the dentists are eight dental nurses including three trainee dental nurses and the clinical lead nurse, three dental hygienists, two dental hygiene therapists, two receptionists one of whom is the reception manager, a laboratory technician, a visiting sedationist, two administrators and the company director who owns the practice. The practice has nine 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 Treetops (Midlands) Limited is the director.

On the day of inspection, we collected 12 CQC comment cards filled in by patients and spoke with three patients.

During the inspection we spoke with five dentists, six dental nurses including two trainee dental nurses and the clinical lead nurse, the reception manager, the laboratory technician and the company director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Wednesday and Friday from 8am to 5.30pm.

Thursday from 8am to 6pm.

Saturday by appointment only with the periodontist.

Our key findings were:

- Strong and effective leadership was provided by the company director and management team. Staff felt involved and supported and informed us this was a good place to work.
- 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 provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health. They routinely referred patients to their dental hygienists and dental hygiene therapists through a clear care pathway.
- The appointment system took account of patients' needs. There were various specialists and dentists with special interests which enhanced services provided within the practice. Specialisms included periodontics, endodontics, dental implants and orthodontics.
- The provider had effective leadership and culture of continuous improvement.
- 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:

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all products.

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.

No action



Are services effective?

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

No action



Are services caring?

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

No action



Are services responsive to people's needs?

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

No action



Are services well-led?

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

No action



Are services safe?

Our findings

We found that 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. Flowcharts containing relevant local authority safeguarding contact details were on display throughout the practice and kept in the treatment room handbooks so that clinicians had easy access to safeguarding information. The safeguarding lead checked the contact details weekly and completed a log sheet to evidence this. The safeguarding lead attended a practice manager training day in June 2019 where safeguarding training was delivered, they compiled a presentation and shared this training with the team. In addition to this we saw evidence that staff received level two safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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 provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation (FGM). A modern day slavery helpline leaflet and FGM factsheet poster were stored in the safeguarding file alongside specific policies to ensure that all staff were aware of the reporting process and support organisations available.

The provider had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the 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 business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider 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 provider followed their recruitment procedure.

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

Staff 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 and firefighting equipment were regularly tested and serviced. Fire drills were completed twice a year, the latest drill had been completed in May 2019 and showed that staff were aware of their responsibilities and evacuated the practice in line with their fire procedure.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

We saw evidence that 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.

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

Risks to patients

Are services safe?

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 provider 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 detailed 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 for most staff members. We found one member of staff was a non-responder to the vaccine and this had not been risk assessed. We discussed this with the company director who completed a risk assessment, discussed this with the staff member and requested that the risk assessment was signed by the staff member on the day of the inspection.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The visiting sedationist had completed training in advanced life support (ALS).

Emergency equipment and medicines were available as described in recognised guidance. We found 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 and the dental hygienists and the dental hygiene therapists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. Some of the management and administration staff were qualified dental nurses and would support chairside if required to cover dental nurse sickness or holidays.

Guidance was available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials. We found that risk assessments had not been completed for all of these products. We were advised these were previously held electronically and that the provider had moved to a different system with new templates that were in the process of being completed.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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.

There was a dedicated decontamination suite which served all nine dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas through the use of two rooms with a hatch between to pass instruments through. Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was 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 which had been completed in 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in March 2019 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

Are services safe?

looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

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

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

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

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

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

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been seven incidents recorded. The incidents were 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. 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 that 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 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 orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which would be used to determine if the patient was eligible for orthodontic treatment through the NHS. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment. A dental nurse who had been fitted with a fixed appliance regularly blogged on the practice social media website about their orthodontic journey to alleviate concerns and raise oral health awareness for other patients who were undergoing orthodontic treatment. They shared videos of having the appliance fitted and gave tooth brushing and oral hygiene advice.

There was a dentist with a special interest in endodontics that provided root canal therapy treatment for patients within the practice.

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

The prosthetic dental technician worked closely with the dentists from their on-site laboratory and provided continuity of care and dental devices in a timely manner. This enabled denture repairs for all patients to be completed the same day. Patients frequently commented on their positive experiences with this service. The company director described to us how they exceeded the

expectations of a patient who had suffered a trauma resulting in them losing a tooth. They attended the practice for an emergency appointment and were fitted with a single tooth denture the same day.

Staff had access to intra-oral cameras to enhance the delivery of care. The company director had purchased impression free scanners for the clinicians to provide crown and bridge work without taking traditional impressions. These had been trialled on four patients who all preferred the digital approach to impression taking. Training in how to use the scanners had been arranged for the team in September.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

Helping patients to live healthier lives

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

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

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

The practice was very committed to providing preventive oral hygiene advice and had implemented 'children days' at the practice to help conquer any fears or worries children may have visiting the dentist. The practice aim was to educate children from an early age on the importance of having a good dental hygiene routine. The 'children days' consisted of check-up appointments specifically for children scheduled on Sundays and during school holiday to enable accessibility outside of school hours. Balloons, bouncy castles and fancy-dress competitions were used to encourage children to attend.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools and nurseries. Team members regularly visited local schools and nurseries to educate children in

Are services effective?

(for example, treatment is effective)

tooth brushing techniques and deliver healthy eating advice. In addition to this school visits were arranged to the practice for children to see the workings of the clinic and receive oral hygiene education. Details of these events were captured in the practice's monthly newsletter and on their social media website.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary and promoted monthly oral health initiatives and campaigns on their social media website and in the monthly newsletter.

The dentists described to us the procedures the dental hygienists and dental hygiene therapists 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.

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

In addition to the dental hygienists and dental hygiene therapists there was a specialist periodontist who provided periodontal treatments for patients at the practice. Periodontologists specialise in the prevention, diagnosis and treatment of supporting structures of teeth, as well as diseases and conditions that affect them.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. 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 might 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. 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 in December 2018 to check that the clinicians recorded the necessary information.

The practice carried out conscious sedation for patients who were nervous. This included 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 showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Are services effective?

(for example, treatment is effective)

The operator-sedationist was supported by a 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. The practice funded two external training days a year for the team where staff met with teams from the nine other practices in the group. Training delivered included mental capacity act, infection control, complaints, caring for patients with dementia, consent, record keeping and confidentiality. The dental nurses had extended duties which included radiography, impression taking, fluoride application, oral health education, implant nursing and sedation training to enhance patient support.

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, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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. There were minimal outgoing referrals due to many of the specialisms available within the practice.

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

The provider 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.

Staff monitored all referrals through an online referral system to make sure they were dealt with promptly.

The practice was a referral clinic for periodontics and we saw they monitored and ensured the dentists were aware of all incoming referrals daily.

Are services caring?

Our findings

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

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 excellent, very welcoming and first class. We observed receptionist team members supporting patients in a friendly, helpful and polite manner at the reception desk and over the telephone. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.

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. Several patients commented that they were made to feel comfortable and relaxed as the staff put them at ease. One patient commented 'We have had as a family the most superb service from this practice for 40 years'.

Music was played in the treatment rooms and there were magazines, a water dispenser, free wi-fi signage and a dedicated children's area with an abacus and seating in the waiting room.

Information folders contained comprehensive information for patients to read including: details of local community teams and well-being services, treatment fees, accessibility information and staff biographies. In addition to this a folder containing monthly newsletters was placed in the waiting room. Monthly patient survey results were framed and displayed in the waiting room.

Privacy and dignity

Staff 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 limited 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). We saw:

- Interpretation services were available for patients who did speak or understand English. We saw notices in the patient information folder, written in languages other than English, informing patient's translation service were available. Patients were also told about multi-lingual staff that might be able to support them.
- An ASSIST poster was displayed in the patient information folder detailing support lines for patients with autism.
- Details of language line and support services that could be provided such as British sign language and braille were displayed in the patient information folder.
- 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. Details of local support networks and community services were placed in the patient information folder, in monthly newsletters and on the practice social media website.

Staff 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.

Are services caring?

The practice's website and information leaflet 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, videos, 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

We found that 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. The practice used social media websites and monthly newsletters to keep patients informed of any staff updates, oral health promotion and advice.

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

The practice held a 'Tea and Talk' day on a Saturday in May 2019 to raise mental health awareness and support patients that might feel anxious about visiting the dentist. A clinician from a local dental anxiety management service attended the day to discuss patients' needs and advise how they could help them overcome their dental anxiety.

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. A staff member described to us how the supported a patient who couldn't hear them over the phone by communicating with them by email.

The practice had made reasonable adjustments for patients with disabilities. The building had been thoughtfully designed to enhance accessibility which included level access to the building, automatic doors at the entrance, a lowered part of the reception desk for wheelchair users, three ground floor treatment rooms and an accessible toilet with grab rails, an assistance bell and a baby change unit. In addition to this chairs in the upstairs waiting room had been fitted with leg extenders, large print documents and a portable hearing induction loop were available at reception.

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

All patients were reminded of appointments two days before either by text message or email dependant on the patient's preference. Staff told us that they telephoned all patients who had a 30 minute or longer appointment scheduled 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 in the premises and included it in their information leaflet and on their website.

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 staff took part in an emergency on-call arrangement with some other local practices for their private patients. The practice signposted NHS patients to the 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 provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

The company director's personal assistant was the designated complaints manager responsible for dealing with complaints. Staff would tell the complaints manager about any formal or informal comments or concerns straight away so patients received a quick response.

The complaints manager aimed to settle complaints in-house and invited patients to speak with them in person

Are services responsive to people's needs?

(for example, to feedback?)

to discuss these. Information was available about organisations patients could contact if not satisfied with the way the complaints manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over 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

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

Leadership capacity and capability

The practice is part of a group of ten practices which are owned by different providers which supported one another and worked together closely to share best practice.

We found leaders at this practice had the capacity and skills to deliver high-quality, sustainable care. The company director demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The company director was 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. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

There was good communication within the practice and daily 'huddle' meetings were minuted to ensure all staff were kept up to date with any changes and updates. Several monthly meetings were held for the full team, dental nurses, reception team and clinicians, these were all documented and shared with staff members. The team used emails and a social media app to communicate quickly with one another.

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

Vision and strategy

There was a clear vision and set of values which was displayed in the staff room, waiting room and on the practice website. The values consisted of putting patients first, being open and honest, taking responsibility and ownership and asking for help when needed. The mission was to deliver clinical care and customer service to the highest possible standard and to treat their patients and fellow team members with respect and dignity.

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 staff focused on the needs of patients. An action plan for improvements to the practice scheduled for 2019 included upgrading emergency lighting, installing intra-oral cameras in every treatment room, treatment room redecoration and exterior works to the building roof.

We saw the provider took effective action 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

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

The company director had overall responsibility for the management and clinical leadership of the practice. The management team consisting of the company director, clinical lead nurse and reception 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.

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.

Are services well-led?

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys, suggestions cards, online feedback and verbal comments to obtain patients' views about the service. We saw examples of suggestions from staff the practice had acted on. For example, leg raisers had been purchased and placed on the chairs in the upstairs waiting room as a result of patient feedback.

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. Results from June 2019 from 129 respondents showed 98% would recommend this practice to family and friends.

The provider 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. They asked patients in the June newsletter to give specific feedback about staff members that had made their dental experience a good one by going the extra mile so that the company director could reward them.

Continuous improvement and innovation

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

The provider 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 company director showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The company director was an approved dental nurse trainer and examiner. They used a variety of ways to ensure staff development including internal training, online training, team training days and ad hoc mini spot checks for of the treatment rooms.

The whole staff team had annual appraisals and received mid-year 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.