

SM Dental Care Limited

Inspire Dental Centre - Heath Hayes

Inspection Report

36 Hednesford Road
Heath Hayes
WS12 3EA
Tel: 01543274039
Website: www.inspiredentalcentre.co.uk

Date of inspection visit: 13 November 2018
Date of publication: 27/12/2018

Overall summary

We carried out this unannounced inspection on 13 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Inspire Dental Centre is in Heath Hayes and provides NHS and private treatment to adults and children.

The reception area is located on the ground floor but all dental treatment rooms and the patient toilet are on the first floor of this practice and can only be accessed by stairs. There is a free car park within a short walk of the practice and parking on local side roads is also available near the practice.

Summary of findings

The dental team includes three dentists, including a foundation dentist. (Dental Foundation Training is a national mandatory training program for newly qualified dentists working as dental general practitioners within the NHS sector). There are also four dental nurses including a trainee dental nurse. Three of the dental nurses also work as receptionists. The practice has two 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 Inspire Dental Centre, Heath Hayes was the principal dentist.

During the inspection we spoke with two dentists, three dental nurses, one of which was working on the reception desk. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Friday 9am to 5.30pm, Tuesday, Wednesday and Thursday 9am to 6pm. The practice is closed for an hour each lunchtime between the hours of 1pm to 2pm.

Our key findings were:

- The practice appeared clean and well maintained. Patients commented that improvements had been made as a result of refurbishment.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The check of portable electrical appliances was overdue, there was no evidence that visual checks of portable electrical appliances took place. There was no evidence of a five-year fixed wiring test but we were told that this would be arranged.
- There was no evidence of servicing or maintenance of emergency lighting. Following this inspection, the provider obtained a quote regarding this.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team. Staff took it in turn to chair the practice meetings.
- The practice asked patients for feedback about the services they provided. Positive feedback was received.
- The practice did not display its complaint policy for patients to see. A sign in the waiting room stated that patients would have to ask at reception for a copy of this policy.
- The practice staff had suitable information governance arrangements. Staff signed a document each year to confirm that they had read the practice's policies.

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

- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's system for investigating and reviewing accidents, incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

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 safe care in accordance with the relevant regulations.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. We looked at recruitment files and saw that some checks were undertaken. Not all information was available as per Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no disclosure and barring service (DBS) check for one staff member and no risk assessment in place. Following this inspection, the principal dentist, provided us with a risk assessment for the staff member who was awaiting the outcome of their DBS check.

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

Systems in place to investigate, and learn from incidents were ineffective.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

Staff were not monitoring fridge temperatures to ensure medicines were being stored in accordance with manufacturers recommendations.

The practice had not undertaken five yearly fixed wiring testing.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as gentle and efficient by patients. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

Patients we spoke with were positive about all aspects of the service the practice provided. They told us staff were kind and friendly.

No action



Summary of findings

They said that they were given detailed, helpful 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.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The treatment room and waiting area was on the first floor of the practice accessibly only by stairs. Patients who were not able to access the stairs could attend the other local practice owned by the principal dentist. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice did not have a copy of the complaint procedure on display for patients. Staff were not keeping a log of verbal complaints received. The complaint procedure did not record details of external organisations who could assist patients if they were not satisfied with the way the practice dealt with their concerns.

No action



Are services well-led?

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

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.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

A copy of the practice's complaint procedure was not on display for patients.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

No action





Are services safe?

Our findings

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

The practice had clear systems to keep patients safe. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying (including the signs and symptoms of abuse and neglect), reporting and dealing with suspected abuse. The principal dentist was the safeguarding lead at the practice. Staff would discuss any concerns immediately with the principal dentist. Contact details for organisations who investigated safeguarding concerns were on display and easily accessible to staff. We saw evidence that staff received safeguarding training. Staff were being encouraged to complete training regarding modern day slavery and female genital mutilation to help them identify adults that were in other vulnerable situations.

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

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand. Staff could report concerns to an external organisation if they did not wish to speak to someone internally. Contact details for this organisation were on display on the noticeboard. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Discussions were held regarding the action to take for 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.

There was a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. The policy recorded contact details for external professionals to contact in an emergency.

The practice had an employment and recruitment policy. This recorded that either written or verbal references would be sought prior to employment. We looked at the recruitment records of two staff who had been employed within the last two years. We did not see proof of identification in both files.

We saw that Disclosure and barring checks (DBS) had been requested to ensure staff were suitable to work with vulnerable adults and children. The DBS check certificate was outstanding for one member of staff and there was no risk assessment in place. Following this inspection, we were sent a copy of a risk assessment for staff prior to receiving a DBS check.

We were told that locum or agency staff had not been used at this practice.

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

The practice had some systems in place to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw an up to date gas safety certificate and portable electrical appliances (PAT) were checked by an external professional every two years. The practice had not recorded any visual checks of portable electrical appliances. We were told that these were completed but not recorded. We were told that a five-year fixed wiring check had not been completed but this would be arranged after this inspection, quotations were being arranged.

Records showed that firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Records of monthly visual checks of the fire extinguishers were signed and dated. There were no records to demonstrate that emergency lighting was regularly serviced or tested. We were told that daily checks were made of fire exits although there were no records to demonstrate this. We saw that fire drills were completed but there was no information recorded regarding for



Are services safe?

example names of staff present, time of day, time taken to complete the drill. Following this inspection, we were told that an electrician had been contacted to obtain a quote for the servicing of emergency lighting.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

The practice carried out radiography audits following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography and training certificates were available to demonstrate this.

Risks to patients

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

The practice's health and safety policies and procedures were up to date and reviewed regularly to help manage potential risk. We were shown evidence of servicing of fire extinguishers. Following this inspection (as this could not be found on the day), the principal dentist sent a copy of the recent fire risk assessment and the health and safety risk assessment.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff did not always follow relevant safety regulation when using needles and other sharp dental items. The principal dentist told us that staff had recently undertaken training regarding sharps. The dental nurses were responsible for dismantling used matrix bands. Staff were aware of the action to take if they had a sharps injury. A poster on display reminded staff of contact details and the action to take in case of a sharps injury. Following this inspection, we were sent a copy of the practice's sharps risk assessment and the amended sharps policy. This included information regarding the responsibility and actions to take regarding disposal of matrix bands.

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. We noted that one member of staff required a further hepatitis B vaccination. We were later sent a copy of a risk assessment.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Apart from buccal Midazolam, emergency equipment and medicines were available as described in recognised guidance. An alternative form of Midazolam was available. One of the emergency medicines was stored in the fridge. Staff were not monitoring fridge temperatures to ensure that this medicine was stored at the correct temperature. Staff kept records of their checks to make sure that emergency equipment and medicines were available, within their expiry date, and in working order.

A dental nurse worked with the dentists 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. Product safety data sheets were stored in a folder which was easily accessible to staff.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were maintained and used in line with the manufacturers' guidance. We noted that staff were completing time, steam, temperature (TST) checks on the autoclave once per day. No other checks were being completed to ensure that the autoclave was functioning correctly at every use. There were no records available to demonstrate any maintenance of the ultrasonic bath as per the manufacturer's instructions. Following this inspection, we were told that staff had been instructed regarding the use of TST strips, which were to be used on every cycle. We were also told that this was to be discussed at the next practice meeting.



Are services safe?

We discussed the systems and protocols in place to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth and noted that some improvements were required. The principal dentist confirmed that the necessary changes would be made. Following this inspection, we received information to demonstrate that the necessary changes had been implemented.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. An external company had completed a risk assessment in May 2015 and a review completed in January 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place. We saw that chemicals were being used to flush dental unit water lines but appropriate dip slide testing was not being completed. A dip slide is a test for the presence of microorganisms in liquids. Following this inspection, the principal dentist sent us evidence that dip slides had been purchased and we were told that these tests would be completed in accordance with manufacturers requirements.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. Staff wore uniforms which were short sleeved to ensure that their arms were bare below the elbows to reduce the risk of cross contamination. We noted that uniforms were clean and staff changed out of uniform during their lunch break.

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

The practice carried out infection prevention and control audits twice a year. We were shown the audits completed in May and September 2018. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our

findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements. Staff were aware of new guidelines in relation to the management of patient information.

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines although some minor improvements were required.

There was a stock control system of medicines which were held on site. We saw that there was a sufficient supply of frequently used medicines which were all within their expiry date. We found there were no systems in place to log and monitor fridge temperatures to ensure medicines were stored at the appropriate temperature

The practice securely stored NHS prescriptions as described in current guidance. We noted that a log was not maintained of individual prescription numbers held; this presented a risk regarding the ability to identify if an individual script was taken. Following this inspection, the practice sent evidence to demonstrate that they were recording the first and last number in each prescription pad and details of the individual prescription once issued.

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

Track record on safety

The practice had a good safety record.

The practice had systems in place to monitor and review incidents. This would help to understand risks and give a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice had systems in place to report, investigate and respond to accidents. Systems to learn from accidents and incidents were ineffective. We saw that accidents had been



Are services safe?

reported appropriately in the accident book. There was no evidence that these had been discussed to ensure any training needs were identified and to prevent such occurrences happening again in the future.

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

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and healthcare Products Regulatory Authority (MHRA). Information about these was disseminated to staff and appropriate action taken if necessary. The practice learned from external safety events as well as patient and medicine safety alerts.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The dental nurse who assisted with dental implants had also undertaken relevant training. The provision of dental implants was in accordance with national guidance. Ongoing follow up arrangements ensured that patients were seen frequently following treatment.

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. Patients told us that the dentist gave them advice on how to look after their teeth and patient's dental care records confirmed this.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children.

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 health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available in various places throughout the practice, for example, the waiting room and reception area.

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

The dentists described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. All patients were given written treatment plans. Those patients considering dental implants were given a full written treatment plan to take away and sign before any treatment commenced.

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' dental care records we saw demonstrated this and patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. They were also aware of Gillick competence, by which a child under the age of 16 years of age can consent for themselves.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We were told that patients could visit the practice to discuss options before any decision was reached on the treatment to undertake.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.



Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured induction programme. We saw the induction records for one newly employed member of staff. We were told that this would form part of the ongoing training and review. Newly employed staff had a six-monthly review of their performance before a contract of employment was issued to them. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any referral to an NHS service they had made. Systems were also in place to monitor any private referrals made.



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 friendly, caring and helpful. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and made them feel at ease. Staff told us that they took their time with patients that were anxious and chatted to try and relax them. Patients could choose whether they saw a male or female dentist as the foundation dentist was female.

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

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Patients confirmed that this was always the case.

Involving people in decisions about care and treatment

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

Accessible Information 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 have English as a first language. We were told that interpretation services had been used in the past but that most patients were able to communicate in English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and information could be made available in other languages or large print if required.

The practice gave patients clear information to help them make informed choices. 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 dentist used leaflets, models and computer websites to provide information to patients regarding treatments. We were told that patients could make an appointment with the dentist to discuss their treatment options before any agreement was reached on the treatment to undertake.

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 for example models, videos, X-ray images and photographs taken with a digital single lens reflex (DSLR) camera. The DSLR camera enables 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. We were given examples of how the practice met the needs of patients with dental phobia. Staff said that they made every effort to make sure the dentist could see these patients as soon as possible after they arrived at the practice. Staff took their time to explain treatments, patients were given longer appointment times and given the option of visiting the practice to chat to the dentist before commencement of any treatment.

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

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment. We were told that none of the patients required the use of any equipment to help with visual or hearing impairments. A portable hearing loop was available for use if required and we were told that information could be made available in large print. Treatment rooms were on the first floor of the premises. Patients who were not able to use the stairs could visit the other practice owned by the principal dentist as this practice had step free access and ground floor treatment rooms.

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 practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. There was a policy to support non-clinical staff with

triaging urgent appointments. An appointment slot to be used for patients in dental pain was kept free each day by the foundation 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.

They took part in an emergency on-call arrangement with the local practice which was also owned by the principal dentist, and the NHS 111 out of hour's service.

The practice 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 principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response. Informal verbal complaints would be recorded on the patient notes. The practice was not keeping a log of verbal complaints which would enable them to monitor trends.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Neither the practice information leaflet or website gave information to patients on how to make a complaint.

The principal dentist and receptionist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. A copy of the NHS complaint statement was on display in the waiting room. This recorded that patients should be able to access a copy of the practice's complaints procedure without having to ask. A copy of the practice's complaint procedure was not on display. A poster regarding complaints stated that patients should contact the receptionist for a copy of the practice's complaint procedure.



Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist was supported by a lead nurse. Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. If staff had any issues or concerns they would speak with the principal dentist.

Vision and strategy

There was a clear vision and set of values. The practice's vision was clearly advertised on the practice website. This included providing state of the art dentistry in a friendly and comfortable environment. Staff spoken with said that they always put patients first, listened to them, provided high quality care and tried to accommodate patients' needs regarding appointment times.

Culture

Staff told us that everyone worked well together as a productive team and the principal dentist was helpful and approachable. Two of the staff had worked at the practice for well over ten years and had also worked for the previous provider of the service.

Staff could speak out at regular practice meetings. We were told that staff took it in turn to chair the practice meeting and to take the minutes. Staff could raise agenda items for discussion, including concerns. A separate meeting of nurses and dentists took place at the end of each practice meeting.

Governance and management

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Not all individual policies seen recorded a date of implementation or review. A policy review document was available which recorded

the date new policies were added and dates of amendment of any existing policies. Staff also signed a document on an annual basis to confirm that they had read and reviewed all practice policies.

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 and verbal comments to obtain patients' views about the service. The practice had completed a patient satisfaction survey in May 2018, positive results were received and there were no issues for action. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings 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 although improvements were required. These included audits of dental care records radiographs medical history and infection prevention and control They had clear records of the results of these audits and the resulting action plans and improvements.

There was no evidence of discussion or learning regarding accidents.



Are services well-led?

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

The dental nurses 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.