New Park House Dental Centre

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Inspection Report

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Overall summary

We carried out this announced inspection on 19 June 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

New Park House Dental Centre is in Shrewsbury and provides NHS and private treatment to adults and children.

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

The dental team includes eight dentists (one of whom is a specialist endodontist), 13 dental nurses, six dental

Summary of findings

hygienists, two decontamination assistants, two receptionists, one administrator and a practice manager. A qualified medical practitioner also visits the practice on an ad hoc basis to provide sedation to patients. The practice has eight treatment rooms.

The practice is owned by a partnership 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 New Park House Dental Centre was one of the senior partners.

On the day of inspection, we collected 21 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses, one dental hygienist, two receptionists 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, Wednesday, Thursday: 8.30am to 5.30pm

Tuesday: 8.30am to 7.30pm

Friday: 8am to 5pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. The registered manager took immediate action when an incident took place that did not reflect current guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Some items required replacement and this was immediately addressed by staff.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures. Some improvements were required and this was addressed promptly by staff.
- 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.
- The practice had effective leadership and had recently undergone new ownership. They were continuously implementing new improvements. The current owners purchased the practice four months before our visit and had already made many positive changes to the practice
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development. In particular, the safeguarding of children and vulnerable adults.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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. They used learning from complaints to help them improve. The processes for documenting and learning from incidents required improvements.

Staff knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed recruitment checks. Some information was missing from staff personnel files and an action plan was produced to ensure the necessary documentation was available.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The registered manager took immediate action when an incident took place that did not reflect current guidance.

The practice had suitable arrangements for dealing with medical and other emergencies. Some items required replacement and this was immediately addressed by staff.

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 exceptional and excellent. 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 most training relevant to their roles. They had recently implemented systems to help them monitor this. Not all staff had completed training in safeguarding children and vulnerable adults. This was immediately addressed and the majority of staff completed training within one day of our visit.

The staff were involved in quality improvement initiatives such as good practice and peer review as part of its approach in providing high quality care.

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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, polite and professional.

Summary of findings

They said that they were given helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist. They commented that the whole team was lovely and that the practice was child-friendly.

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?

No action 

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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action 

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

The current owners purchased the practice four months before our visit and had made many positive changes to the practice. We found that the senior partners acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

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 typed and stored securely.

The practice 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 & 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence that only two staff members had received safeguarding training to the appropriate level. Within two working days, the registered manager informed us they had prioritised this and we saw evidence that the majority of staff had completed the required training. The registered manager assured us that they had identified staff who were still required to complete the training and would ensure this was completed within five working days.

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

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy to help them employ suitable staff. This required updating as it referred to outdated items. Apart from this, the policy reflected the relevant legislation but staff did not always carry out recruitment procedures in a consistent manner. For example, some staff had two references in their files but one person did not have any. We reviewed three staff recruitment records. The dentist explained that the staff member was known personally to them at the time of recruitment and they felt their own personal reference was sufficient. No identity verification documents were kept on file either. Within two working days, the practice sent us written confirmation that they had taken steps to ensure that all new members would have completed documentation. They were in the process of producing a data collection spreadsheet for all staff to ensure that all necessary documents and identity verification documents were present and correct. They assured us that any deficient areas would be investigated and corrected. This would apply to all existing staff as well as any staff recruited in the future.

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 were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We reviewed the practice's fire risk assessment and found it to be brief. It was reviewed annually. Within two working days, the registered manager informed us they had arranged for an external fire risk assessment to be carried out on 25 June 2018.

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.

The intra-oral X-ray equipment in three treatment rooms was not fitted with a part called a rectangular collimator. Rectangular collimation is good practice as it reduces the

radiation dose to the patient. Within two working days, the registered manager informed us they had purchased rectangular collimators which had been retro-fitted to the machines.

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

Risks to patients

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

The practice had health and safety policies, procedures and risk assessments. Some of these were outdated and required further review to help manage potential risk. Staff were already aware of this and explained that they had already made changes in the four months since they purchased the practice. The registered manager contacted us within two working days and assured us that they had purchased a new software programme which would allow them to amend policies and set reminders for annual review. The practice had current employer's liability insurance.

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

We reviewed staff's vaccination records and found that the registered manager had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the vast majority of staff had received the vaccination and the effectiveness of the vaccination had been checked. However, some of the records were missing and some were incomplete for some clinical staff. We found that risk assessments had not been completed where there were gaps in assurance around this. Within two working days, the registered manager held discussions with staff and the local Occupational Health team and took action to resolve this issue.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. Glucagon was present and stored in the fridge but the temperature was not monitored to ensure it remained within the recommended parameters. The registered manager made the decision to store this medicine with the emergency kit for ease of access. They informed us that the expiry date had been adjusted accordingly to reflect the storage conditions. They had informed all staff about this change.

Oropharyngeal airways were present in the recommended sizes but had expired. Replacement airways were immediately ordered and we saw evidence of this.

Emergency oxygen was present and had been serviced recently. Unusually, the date had expired so it should not have been serviced. We saw evidence that another oxygen cylinder had been ordered one week before our visit.

Staff kept records of their checks on the emergency equipment and medicines to make sure these were available, within their expiry date, and in working order. These checks required to be more robust due to the shortfalls identified.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. The hygienists worked alone. A risk assessment was not in place for when the dental hygienist worked without chairside support. A staff meeting was held the day after our visit and the partners were aiming to introduce chairside support for the hygienists within the next six months.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These had not been reviewed since 2016.

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 were

Are services safe?

validated, maintained and used in line with the manufacturers' guidance. The practice had invested in a washer-disinfector to clean the used instruments which is considered best practice by HTM 01-05.

The practice had systems to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. 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 clean when we inspected and patients confirmed that this was usual.

We observed a hygienist cleaning the treatment room without wearing protective gloves. This incident occurred immediately after a patient had been treated. This raised concerns that the hygienist should be supported by a dental nurse. It also raised concerns that the staff member needed further infection control training. This was brought to the attention of the partners. They stressed that this would not be tolerated and that severe disciplinary action would be taken against any staff members that did not strictly adhere to the practice's infection control policy. A staff meeting was held the day after our visit and this incident was discussed. An immediate action plan was introduced and a request was made for all staff to provide evidence they had undertaken training in infection control. We were assured that feedback was positive and staff were willing to cooperate with the partners to ensure this did not happen again. Staff were also required to read and sign the practice's infection control policy. A second team meeting was arranged so that the partners could review the implemented changes. The partners were extremely committed to producing the highest standards of infection control and these were discussed in depth with us. They assured us that any lapses in infection control would not be tolerated at the practice.

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

The practice carried out infection prevention and control audits twice a year. The latest 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) protection 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 practice had reliable systems for appropriate and safe handling of medicines.

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

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

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

Track record on safety

The practice had a good safety record.

There were risk assessments in relation to safety issues. The practice monitored and reviewed some incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

Are services safe?

There were processes in place to report, investigate and learn from significant events. We found they were not recording all incidents to support future learning and reduce risk. Within two working days, the registered manager informed us that they had introduced a policy and reporting sheets for staff to report incidents that are not significant events.

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. The practice was signed up to receive alerts from a trusted agency. We discussed another source of medical alerts that was more comprehensive. The registered manager assured us that both partners had signed up to this within two days of our visit. They also informed us that the discussion of any alerts would be added as a permanent agenda item to the monthly staff meetings at the practice.

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.

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

The practice had access to intra-oral cameras to enhance the delivery of care. The specialist endodontist provided advice and guidance on endodontics to the other dentists in the practice.

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 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 based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they 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 aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist 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.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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 team understood their responsibilities under the Mental Capacity Act (MCA) 2005 when treating adults who may not be able to make informed decisions. Gillick competence refers to when a child under the age of 16 years of age can 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to

Are services effective?

(for example, treatment is effective)

help them do this safely. These were in accordance with guidelines with a few exceptions. The guidance was 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 and sedation equipment checks. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. There was no evidence that the sedationist had received training in sedation. No audits in respect of sedation had been completed.

The practice 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. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a suitably trained second individual.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, some of the dental nurses had additional qualifications in radiography.

Staff new to the practice had a period of induction. This was not always documented although we reviewed a structured induction programme which was written. The dentist informed us that they understood the importance of this documentation and that they would consistently record this even if the new staff member had previously worked for the business, or is known personally by staff.

We confirmed clinical staff completed the Continuing Professional Development (CPD) required for their registration with the General Dental Council. Following our visit, the registered manager informed us they will be able to access the whole dental team's CPD records so that any potential underperformance can be identified at the earliest opportunity in future.

Staff told us they discussed training needs at appraisals and these were due to be carried out annually. Staff told us they had recently received an appraisal but these had not yet been typed.

Co-ordinating care and treatment

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

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

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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 a referral clinic for dental implants and orthodontic, endodontic and cosmetic treatments. They monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were friendly, polite and professional. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they 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.

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.

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.
- Staff communicated with patients in a way that they could understand, for example, 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. 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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand their treatment options. These included models, X-ray images, intra-oral cameras and visual aids for children. The intra-oral cameras and microscope with a 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.

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. Patients with visual impairments had access to reading materials in larger font size. A hearing induction loop was not available but staff were able to communicate by writing information down or patients could bring an interpreter with them.

The practice sent appointment reminders to all patients that had consented. The method used depended on the patient's preference, for example, via text message or telephone reminders. The patient's preference was recorded on their file.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their 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. Dedicated daily slots had been incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care. The partner told us that all staff were flexible and the practice would often remain open into the lunch hour or late evening to accommodate patients requiring urgent treatment. Patients told us they 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 another local practice.

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. Some patients did comment that there was a long wait to book appointments with some of the clinicians.

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 complaints policy providing guidance to staff on how to handle a complaint.

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

The practice manager told us they 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 in the previous 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

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

The partners had the experience, capacity and skills to deliver the practice strategy and address risks to it. We identified necessary improvements and the vast majority were addressed immediately. They had purchased the practice four months prior to our visit and we saw evidence that they had carried out many positive changes in this relatively short period.

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

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance consistent with the vision and values.

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

Staff told us they were able to 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.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager and one dental nurse had shared responsibility 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. Some of these were outdated and had not been reviewed for over two years. The registered manager was already aware of this and explained this was due to the protracted sale of the practice. The current owners purchased the practice in February 2018 and had already taken steps to modernise clinical and administrative processes at the practice. They had purchased a software programme which would allow them to update the policies and would alert staff when they were due to be reviewed. We were told the reminder had been set to do this annually.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

Are services well-led?

The practice used patient surveys, comment slips and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Examples included the provision of a greater selection of magazines and children's books in the waiting room. They also described changes that had been made as a result of staff feedback, such as the use of wireless credit card machines and eye level monitors in reception.

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 structured monthly 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. 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 partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Some of the staff had enrolled on further education courses and the partners had a keen interest in postgraduate education. The practice hosted many evening courses for dentists and dental nurses external to the practice, such as on dental implants and impression taking.

Staff told us that the whole staff team would have annual appraisals. They would discuss learning needs, general wellbeing and aims for future professional development. Staff told us that appraisals had started but were not yet typed up.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development (CPD). Staff told us the practice provided support and encouragement for them to do so. The whole dental team had subscribed to an online learning platform which enabled them to complete and monitor their CPD.