Briarmeads Dental Practice

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Inspection Report

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Overall summary

We carried out this announced inspection on 17 January 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

Briarmeads Dental Practice is in Oadby, a small town in Leicestershire and three miles south east of Leicester city centre. It provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Free public car parking is available directly in front of the practice.

The dental team includes five dentists (including a foundation dentist), six dental nurses, three trainee dental nurses, one dental hygiene therapist, three receptionists and a practice manager. The practice has three treatment rooms, all on ground floor level.

Summary of findings

The practice is an approved training practice for newly qualified foundation dentists. One of the partners is a trainer and has trained dentists since 2001.

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 Briarmeads Dental Practice is one of the two partners.

The practice is undergoing extensive renovation to expand the premises. Two more surgeries as well as new stock and laboratory rooms and a second disabled access toilet are being installed. At the time of the inspection, the practice had a waiting list of new patients seeking to register. The practice will be able to accommodate these patients following completion of the building works.

On the day of inspection, we collected 48 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, two dental nurses and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Thursday from 8am to 7.30pm and Friday from 8am to 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. Audits were undertaken annually and not six monthly as recommended in guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had most systems to help them manage risk to patients and staff. We noted exceptions in relation to managing all the risks presented by fire and a gas safety check was overdue for completion. Action was taken in relation to the gas safety check immediately after the inspection.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures; we noted that references were not held on two staffs' files we looked at. A reference for one of the staff members was located after the day.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients experiencing dental pain were seen by a dentist within 24 hours.
- Training and development were at the forefront of this practice. The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- 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 infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, the frequency of audit undertaken and water temperature testing when undertaking manual cleaning.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Ensure all areas of the premises are fit for the purpose for which they are being used. In particular, complete fixed wiring testing of the premises.

Summary of findings

- Review staff awareness of the requirements of Gillick competence and the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities and how it relates to their role.

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 incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks. We noted that references were not held on files for two members of the team. However, a reference for one of the staff members was located after the inspection.

Equipment was clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We noted one exception in relation to monitoring the water temperature when undertaking manual cleaning. Infection control audits were undertaken annually and not six monthly as recommended in guidance.

The systems for premises management required some review as gas safety testing was required. This was completed after the inspection, and we were sent evidence of this. Fixed wiring testing was also due; however the provider was waiting for building works to be completed.

Whilst some measures had been taken to mitigate the risk presented by fire, a practice specific risk assessment was required. We were sent information after the inspection which showed that an external contractor had been booked to attend the practice.

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

Are services effective?

No action 

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as gentle, efficient and professional. 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.

Training and development were at the forefront of this practice due to one of the partners being a verified trainer to support newly qualified foundation dentists. The staff were involved in quality improvement initiatives such as peer review as part of its approach in providing high quality care.

The practice was accredited with being Investors in People and had held this standard since 2000. This accreditation is awarded for people management and reflects investment in staff training. The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Summary of findings

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 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, helpful and efficient.

They said that they were given informative 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.

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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with 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 practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding concerns was the practice manager and one of the partners. We saw evidence that staff received annual safeguarding training to level two. This included training in modern-day slavery and female genital mutilation. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. A pop up note system could be used to convey this on patients' electronic records.

The practice had a whistleblowing policy. This included both internal and external contacts for reporting. Staff we spoke with 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. We saw that kits were available.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. There was an agreement between other dental practices for their premises to be used, in the unlikely event of the site becoming unusable.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records to ensure they met with legal requirements. Whilst most information required was held, references were not held on files for one of the receptionists and one of the dental nurses. A reference was located after the day of inspection for one of the staff members and a copy passed to us.

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

The practice ensured that equipment was safe and maintained according to manufacturers' instructions. We looked at facilities maintenance and found that a gas safety check was required and five yearly fixed wiring testing had last been completed in June 2013. The provider told us that they had not identified that a gas safety check was required and plans were in place to book wiring testing in February 2019 once building work was completed. Following the inspection, we were sent evidence to show that gas safety testing had now been completed.

Records showed that firefighting and fire detection equipment, such as fire extinguishers, fire alarm and emergency lighting were regularly serviced. Fire alarms and lighting testing had not been subject to routine testing by staff in between annual servicing.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice did not demonstrate that they had undertaken in-house functional tests on X-ray equipment at suitable intervals.

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

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

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed to help manage potential risk. We noted that not all risk assessments required had been completed, such as fire and individual staff work station assessments. Generic guidance information was

held to assist the practice in undertaking these assessments, but this was not specific to the practice's risks. We were provided with documentation after the inspection that showed this was being addressed.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had not implemented the safer sharps system, as described in EU Directive. They had taken measures to manage the risks of sharps injuries by using a needle guard when handling needles. We saw that needle guards were available in surgeries. The practice used disposable matrix bands to mitigate the risk of injuries occurring.

A sharps risk assessment had been undertaken. The assessment included a provision that dental nurses were not to touch used needles.

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. Documentation we looked at for one of the trainee dental nurses showed that their vaccination programme was ongoing. A risk assessment had not been completed in the interim to show that the risk of their exposure to sharp injuries had been mitigated. We were provided with documentation after the inspection that showed this was being addressed.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We noted that staff undertook manual cleaning of dental instruments as well as utilising a washer disinfector. We saw that staff did not check the temperature of the water to check it was a maximum of 45 degrees when cleaning instruments manually. This presented a risk that protein on the instruments may coagulate and therefore be more difficult to remove.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing were in place. The provider used a particular product to treat dental unit water lines. They removed the water bottle in the evenings rather than leaving it on the dental unit; this was contrary to guidance issued by the product manufacturer. We discussed this with the provider and they told us they would immediately review their current procedure.

The practice utilised an external contractor to clean their premises. 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 practice carried out infection prevention and control audits annually rather than twice a year as recommended in guidance. The latest audit in January 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.

Are services safe?

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

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

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. We found that an audit was required of dental materials held in surgeries as we noted that a small amount had passed their expiry date for use.

The practice stored NHS prescriptions securely as described in current guidance. We found that monitoring systems required some strengthening as records were not held of individual prescription numbers; this would identify if a prescription was taken inappropriately.

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

Track record on safety and Lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues.

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. We noted there was one accident report completed within the previous 12 months.

The practice learned and made improvements when things went wrong. The practice learned, shared lessons and took action to improve safety in the practice. For example, as a result of a patient injury, several learning points were identified to prevent a future recurrence. These were documented and discussed amongst staff in a practice meeting.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received many very positive comments from patients about the effectiveness of treatment and some comment cards made reference to individual staff members.

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 practice had access to technology and equipment available in the practice. This included three X-ray units and an orthopantomogram machine (OPG). Technology included a single lens reflex (SLR) camera.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The practice was one of 30 training practices for foundation dentists that had met monthly to undertake peer review. We were provided with examples of topics discussed and examined, for example, consistency in record keeping.

The practice was a member of a 'good practice' certification scheme.

One of the practice partners held the position of Chair at the local Dental Committee (LDC).

Helping patients to live healthier lives

The practice utilised the skills of a dental hygiene therapist. At the time of our inspection, they worked in the practice two days each week. Plans were in place for them to increase their working days to four each week and to start treating patients who were waiting on the practice list to join.

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 children 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. We saw educative software containing visual images used to inform patients. This included information on different procedures such as crowns, bridges and inlays, guidance on how to floss correctly and facts on dry mouth, alcohol and smoking.

The practice was 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.

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

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

The practice had previously undertaken visits to two local schools to promote good oral health amongst children. We saw positive feedback from children and school staff following the visits. We were told that a visit was planned to take place at another local school.

Consent to care and treatment

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

The clinicians understood the importance of obtaining and recording patients' consent to treatment. We noted that not all staff demonstrated awareness about who has the right to consent for treatment, for example in relation to foster parents, carers or other family members.

The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. One patient told us that their dentist took time to explain each part of the treatment before, during and after.

The practice held documented information about the Mental Capacity Act 2005. Whilst the team had undertaken

Are services effective?

(for example, treatment is effective)

training in the Act to understand their responsibilities when treating adults who may not be able to make informed decisions, we found that knowledge could be improved or refreshed.

The practice's consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. We found that staff knowledge could be improved to ensure that they all understood the principle.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Staff encouraged children to take part in decision making to the fullest extent possible.

Monitoring care and treatment

We looked at a sample of 24 patient records. We found that the practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

The practice was accredited with being Investors in People and had held this standard since 2000. This accreditation is awarded for people management and reflects investment in staff training.

Staff had the skills, knowledge and experience to carry out their roles. For example, one of the dental nurses had undertaken a fluoride application course and two dental nurses were currently enrolled on an oral health education course. One of the dental nurses had obtained a certificate in plaque indices and they were enrolled on a distance learning infection control training course alongside another dental nurse. Three trainee dental nurses were working in the practice and received support from staff.

The practice manager had completed an oral health education course since working for the provider and had plans to obtain a qualification in practice management.

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. We saw evidence of completed appraisals and how the practice addressed and supported 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.

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

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were kind, helpful and efficient. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient stated that the practice had done their best to see them at short notice and another told us staff were always accommodating regarding appointments.

An information folder was available for patients to read.

We looked at feedback left on the NHS Choices website. We noted that the practice had received three and a half out of five stars overall based on patient experience on seven occasions. Reviews left included reference to kindness of staff in checking on a patient's wellbeing when they missed an appointment, although another review referred to dissatisfaction with errors and the approach of particular staff.

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 the waiting area provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff could 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. The practice had recently purchased an electronic device for patients to use which enabled them to sign for treatment they had received.

Staff told us that information about patients' medical histories was only discussed with them and recorded when in the treatment room.

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

requirements under the Equality Act and Accessible Information Standards. (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 speak or understand English. Staff also spoke various languages.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials could be obtained if required.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website 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. This included software used to show videos, X-ray images, models and an SLR camera. These were used to help patients and carers 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.

For example, staff told us how they met the needs of more vulnerable members of society such as patients with a dental phobia and those living with long-term conditions. Software shown to patients included information for patients who experienced anxiety about visiting the dentist. We were told that flexible appointment times were given to patients who had long term conditions such as dementia. The provider told us that the hygiene therapist had very good skills when communicating with and treating children.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The surgeries were on ground floor level which made it accessible for patients with wheelchairs and those with mobility problems. One of the new surgeries being built had been designed with ample space to accommodate those patients who would benefit.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with a hand rail. A second disabled access toilet was being installed at the time of our inspection. An access audit had been completed.

Staff contacted patients by email, text message or by telephone (if requested) in advance of their appointment to remind them to attend.

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. The practice had a policy to see patients in pain within 24 hours and those with a broken tooth within 48 hours. Time was allocated for each of the dentists on a daily basis for emergency appointments.

Patients said 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 unduly waiting.

The staff took part in an emergency on-call arrangement with some other local practices to see patients on a private basis; NHS patients were advised to contact NHS 111.

The practice's answerphone and information leaflet provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. A notice was also displayed on the front door of the premises advising of contact information.

Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment. A small number of comments made by patients referred to appointments being cancelled at short notice.

Listening and learning from concerns and complaints

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

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

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

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

We looked at comments, compliments and complaints the practice received within the previous 12 months.

Are services responsive to people's needs?

(for example, to feedback?)

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

We found that the clinical team had the capacity and skills to deliver high-quality, sustainable care. The partners, supported by the team had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The leaders 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 was Investors in People accredited and 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. The practice had a mission statement that was posted for staff to see. We were shown the practice's business plan; this contained its overall objectives and included a focus on staff and their training needs.

The practice planned its services to meet the needs of the practice population.

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. This was reflected in the building works taking place to expand and improve the existing facilities. The hygiene therapist was increasing their working hours to respond to the needs of the local population.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, as a result of a complaint, discussion was held amongst staff about the need for improved communication with patients when booking for emergency appointments.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

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

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Practice meetings were held on a two-weekly basis for all staff to attend. We saw minutes from meetings held.

There were clear and effective processes for managing most risks, issues and performance. We noted that review was required of fire and gas safety arrangements to ensure that these were robust. Action was taken after the inspection to address the issues.

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, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal and written comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients that

Are services well-led?

the practice had acted on. For example, improvements were made to patient waiting time by better communications with staff and patients when allocating appointment times.

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. We noted many positive comments left by patients when submitting their views. Results were displayed in the patient waiting area.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.