

Genix Healthcare Ltd

Genix Healthcare Dental Clinic – Leicester

Inspection Report

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Overall summary

We carried out this announced inspection on 15 May 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

Genix Healthcare Dental Clinic is located in Leicester city centre and provides mainly NHS treatment to adults and children. The clinic also offers some private treatments. At the time of our inspection, the practice were accepting new NHS patient registrations for children only.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. The clinic does not have its own car parking facilities, but public car parking, including spaces for blue badge holders, are available near the practice.

The dental team includes two dentists, two dental nurses, (one of whom is a senior nurse) one apprentice dental nurse and a receptionist. One of the dental nurses also undertakes administrative duties. A practice manager is also temporarily working at the clinic providing support until a permanent manager is recruited to the role.

The practice has two treatment rooms, both are on the ground floor.

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 Genix Healthcare Dental Clinic – Leicester is a practice manager who works for Genix Healthcare Limited.

On the day of inspection, we collected 44 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses, the receptionist, the practice manager and an operations manager who worked for the provider. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday, Friday from 9am to 5.30pm, Wednesday and Thursday from 8am to 8pm and Saturday from 9am to 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.

- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff we spoke with treated patients with dignity and respect and there were sufficient measures deployed to protect patients' 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 culture of continuous improvement.
- Staff felt involved and supported and the staff we spoke with said they worked well as a team. We received some negative feedback from patients and staff. We were told that the provider was taking steps to address issues raised.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular: ensure that a five yearly fixed electrical wiring test has been undertaken with satisfactory results, a gas safety certificate is obtained and that emergency lighting testing is undertaken and information recorded and made available to the provider.
- Ensure that good governance and leadership are sustained in the longer term.
- Review the practice's processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They had implemented processes to learn from incidents and accidents to help them improve.

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 and the practice completed essential recruitment checks.

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

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

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 from one of the dentists as excellent, professional and very satisfactory. We also received four negative comments about treatment received. Comments included that one of the dentists delivered treatment that was very vigorous despite requests to be gentle, and was rushed.

Our review of a small sample of files and discussions held with one of the dentists showed that they 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.

We received feedback about the practice from 44 people. The majority of patients were positive about all aspects of the service the practice provided. They told us staff were friendly, respectful and accommodating. We also received eight negative comments about the service. They included that patients did not feel listened to and that patients were discriminated against. We discussed feedback with the provider and were informed that they were already aware about some perceptions held and we were assured that action was being taken to address this.

We received many very positive comments. Comments included that the dentist made them feel at ease, especially when they were anxious about visiting the practice.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said that most 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 majority of patients told us they had enough time during their appointment and did not feel rushed. However, we also noted that three patients said they felt rushed.

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 hearing loss. The provider was arranging for patient information to be disseminated in Braille.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. One complaint we reviewed identified a learning point for staff. We did not find any detail as to the learning point identified in practice meeting minutes or elsewhere. We were assured that staff involved in the complaint had been spoken with however.

No action



Are services well-led?

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 by the practice manager and senior dental nurse.

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. This included asking for and listening to the views of patients and staff.

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, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training and noted that discussions were also held in practice meetings to refresh their knowledge. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff were not specifically aware that a notification to the CQC was also required in the event of any safeguarding referral being made. The leads for safeguarding were the practice manager and one of the dental nurses.

Staff told us that whilst there was not a system to highlight vulnerable patients on records e.g. safeguarding or people with a learning disability or a mental health condition, information would always be recorded in clinical records and a pop up alert would be created.

The practice had a whistleblowing policy. Staff told us they were aware of the policy and 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. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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 plan was last reviewed in June 2017 and included information about another practice which could be used to see patients, in the unlikely event of the premises becoming unusable.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

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

The practice made efforts to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, although not all records were held by the practice when we requested to view these. We were advised that the landlord held an agreement with a third party for servicing and testing of safety equipment. Whilst we were assured that routine visits took place, the practice had not been provided with documentation, despite requesting this. We were therefore unable to review gas safety certification and emergency lighting testing information. We saw evidence to support that fire extinguishers had been regularly serviced as stickers had been placed on the equipment by the third-party contractor.

We noted that whilst fixed wiring testing had taken place within the past five years, the latest information held stated that the results from the testing were unsatisfactory. We noted that portable appliance testing (PAT) had taken place.

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 every year following current guidance and legislation.

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

Risks to patients

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

Are services safe?

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. 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.

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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. We noted that training last took place in April 2018. We reviewed practice meeting minutes; these showed that scenarios were regularly discussed to refresh staff knowledge.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these 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 practice protected staff and patients with guidance available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed.

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 validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols 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. The latest risk assessment was undertaken in October 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice utilised a contracted cleaner. We saw cleaning schedules for the premises. The practice was clean when we inspected and some patients commented on the cleanliness of the practice in CQC comment cards.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that storage arrangements could be improved by a larger storage facility for waste prior to its collection. Whilst the area was secured from public access, we saw that sharps bins were exposed to the elements.

The practice carried out infection prevention and control audits twice a year. The latest audit in February 2018 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 data 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.

Are services safe?

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

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

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

Antimicrobial prescribing audits were carried out annually.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. We noted that whilst a risk assessment had been completed for staff who worked alone, the assessment for the cleaner required further review to ensure that all risks and mitigating action had been considered.

The practice had processes to monitor and review accidents when they occurred. We noted that there had not been any recorded accidents within the previous two years. The documentation we looked at included processes for risk management.

Lessons learned and improvements

The practice processes to learn and make improvements when things went wrong. These included a health and safety policy which included information on untoward incident reporting. Incident reporting forms had also been implemented for completion. We noted that there had not been any recorded incidents within the previous two years. Staff showed awareness of the types of incidents they would report.

The staff were aware of the Serious Incident Framework.

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.

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 occasionally undertaken. These were placed by one of the dentists at the practice who was undertaking appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. One of the dentists also offered specialist orthodontics.

The dentist we spoke with showed us technology they used to enhance the delivery of care. This included the use of an iPad and applications for patient education and dental implants. Information was shown to patients and discussed with them. The practice had two intra-oral X-ray units and one orthopantomogram (OPG) machine.

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 dentist we spoke with 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 dentist 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 to support patients to live healthier lives.

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. We looked at a small sample of patient records; these supported our discussions held.

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 dentist we spoke with told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed that one of the dentists listened to them and gave them clear information about their treatment. Whilst we received many positive comments, we also received four negative comments. Comments from those patients included that they did not feel they were listened to by their dentist.

The practice's consent policy included information about the Mental Capacity Act 2005. The dentist we spoke with understood their responsibilities under the Act when treating adults who may not be able to make informed decisions.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

The dentist we spoke with 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 sample of files we looked at showed that the dentist 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

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. The senior nurse demonstrated they had the skills and knowledge required to undertake a number of managerial and administrative duties when the practice manager was not on site.

We were informed that the provider paid for its staff to have access to a recognised online training programme to enable them to complete some of the essential training required to undertake their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. Newly recruited staff also had one, three and six-monthly reviews. 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 dentist we spoke with 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 system that the practice used monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

On the day of our inspection, we saw that staff treated patients with kindness, respect and compassion.

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

The majority of patients commented positively that most staff were friendly, respectful and accommodating. We also received eight negative comments. Those comments included that a staff member was aggressive and that patients felt they were discriminated against. We discussed this feedback with the practice manager and operations manager. They told us that they were aware about some perceptions held and we were assured that action was currently being taken to address this.

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

Patients said most staff were very compassionate and understanding and one of the dentists went out of their way to provide excellent care and treatment.

Patients told us that most staff were kind and helpful when they were in pain, distress or discomfort. Positive comments included that nervous patients had had their fears overcome through attendance at the practice.

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 some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they 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.

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.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff could communicate with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- The provider was in the process of implementing Braille leaflets throughout the organisation.

The practice gave patients clear information to help them make informed choices. The majority of patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We noted a smaller number of patient feedback comments were negative. These included that patients did not feel listened to.

The dentist we spoke with 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 treatment options discussed. These included verbal, pictorial and written material, use of an iPad and applications, images and models.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

The dentist we spoke with told us that patients who required additional extra support were identified through the oral health assessment process. Those with particular special needs were referred to a local special care dental service. Staff told us that patients with dental phobia were allocated slightly longer appointment times.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

Staff told us that they contacted patients to remind them of their appointment two days in advance. Patients could choose if they preferred to be contacted by text, email or telephone call.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. We were informed that the next routine appointment was available in two weeks time.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice told us that they 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. Whilst the practice did not block time for emergency appointments with the dentists, we were told that patients were triaged at reception and an appointment allocated on the same day, if required.

The majority of patients told us they had enough time during their appointment and did not feel rushed. We noted three patients stated they felt rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

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 closed. Patients were advised to contact NHS 111 outside of usual working hours.

Patients confirmed they could make routine and emergency appointments easily. We noted that two patient comments included that patients could be kept waiting to be seen for their appointment after their arrival.

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 information leaflet explained how to make a complaint and information was also displayed in the waiting area.

The practice manager temporarily providing cover at the practice was responsible for dealing with complaints. 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 would invite patients to speak with them in person to discuss these, if considered 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 past twelve months. This also included feedback left on NHS Choices.

Complaints reviewed showed the practice responded to concerns appropriately. We reviewed a complaint that identified a learning point for staff. We did not find evidence to show that the learning point had been discussed amongst staff and documented. We were assured that staff involved in the complaint had been spoken with however.

Are services responsive to people's needs?

(for example, to feedback?)

Staff practice meeting minutes showed that complaints were included as an agenda item to be discussed and we noted that patient feedback had also been discussed in one of the practice meeting minutes we looked at.

Are services well-led?

Our findings

Leadership capacity and capability

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

The registered manager had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

The registered manager who was also the temporary practice manager attended the practice approximately two days per week. Whilst we were informed that the manager was always approachable, their limited time spent in the practice meant that they were not always visible. During their absence, the senior nurse provided a level of managerial support, although we noted that they did not formally hold this responsibility. Feedback we received from some staff that we spoke with included that it could at times be difficult without having a permanent and full-time manager in place. We found that a patient comment supported this as they told us that when they wanted to speak with the practice manager, they were not on the premises.

The provider had processes to develop leadership capacity and skills, although they had not yet been able to recruit to the permanent practice manager role.

Vision and strategy

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

Culture

We saw some evidence to demonstrate that the practice had a culture of high-quality sustainable care. This was shown in documentation and records we looked at and discussions we held with staff. We also identified concerns shared by some patients and staff. This, coupled with the absence of a permanent practice manager in post had the potential ability to impact upon the positive culture in place, if not effectively managed. We were however assured that measures were being taken to address issues identified.

Staff we spoke with stated they felt respected and supported by the senior nurse and practice manager.

We found evidence to support that the practice focused on the needs of patients.

Leaders and managers told us they acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to complaints. The practice had not had any recorded incidents or accidents to respond to. 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 registered manager was also the practice manager and was responsible for the day to day running of the service. They were also supported by the senior nurse who was skilled and experienced. Staff knew the management arrangements and their roles and responsibilities.

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

There were clear 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. There was evidence to show that 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.

Are services well-led?

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 verbal and written comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff that the practice had acted on. For example, the practice had increased its opening hours to Saturday mornings to provide more choice for families with children and any patients with dental emergencies. Staff feedback included a request for amendments to weekend rotas; this had been implemented.

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 dentist we spoke with was the clinical lead and provided leadership for the practice. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control and hand washing. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The whole team had annual appraisals or plans were in place for new staff to have this review. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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. Staff told us the practice provided support and encouragement for them to do so.