The Dental Suite (Loughborough) Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 21 March 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

The practice is in Loughborough, a town in the Charnwood borough of Leicestershire; it is close to the Nottinghamshire border. It provides private treatment to mostly adults and some children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice's car park.

Summary of findings

The dental team includes four dentists, two dental surgeons, one anaesthetist, one dental hygienist, five dental nurses and a practice manager. Dental nurses share receptionist duties.

The practice has three treatment rooms; all on ground floor level. There is a separate decontamination facility.

Services provided include general dentistry, cosmetic dentistry, endodontics, orthodontics, implants and sedation.

The provider operates three practices under the brand name in Leicester, Loughborough and Nottingham.

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 The Dental Suite (Loughborough) Limited is one of the principal dentists.

On the day of inspection, we collected 33 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists (including one of the principals), three dental nurses, the dental hygienist, the practice manager and a compliance adviser. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Wednesday from 8.30am to 5.30pm, Thursday from 8am to 6pm and Friday from 8.30am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes, although one staff member had not completed training to the recommended level at the time of our visit. This was completed and evidence sent to us afterwards. Staff showed awareness of their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures; we noted these could be strengthened to ensure all staff had a Disclosure and Barring Service check at the point of their recruitment.
- 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 met patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved 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 processes for reporting RIDDOR incidents (Reporting of Injuries, diseases and Dangerous Occurrences) and ensure that appropriate notification is made when required.
- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review staff awareness of Gillick competency and the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as 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; although one staff member had not completed training to the recommended level to manage safeguarding concerns. This was completed and evidence sent to us after the day. Staff knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed most essential recruitment checks. We noted that references had not been obtained for two dentists who were recruited in 2015. We were informed that the staff members were previously known to one of the principal dentists. Disclosure and Barring Service checks were not always applied for and obtained at the point of new staff recruitment.

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.

Are services effective?

No action

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

Services provided by the practice include general dentistry, cosmetic dentistry, endodontics, orthodontics, implants and sedation.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance.

We received very positive feedback from patients about their care and treatment received. Patients described the treatment they received as professional, excellent and efficient. 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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were pleasant, polite and helpful. One patient comment included that nothing was too much trouble for staff.

They said that they were given helpful and 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 most patients' different needs. This included providing facilities for patients with a disability and families with children. The practice did not have a hearing loop installed.

The practice had access to interpreter services, although not all staff demonstrated knowledge of these, when spoken with.

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 was the practice manager. We saw evidence that most staff received safeguarding training to the expected level. One of the dentists had completed level one and not level two training, as recommended for clinical staff. This was updated to level two training and we were sent evidence of this after our visit.

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. any 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 could be created on patients' clinical records to inform staff of any health issues or considerations.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. Staff told us about who they would approach internally and externally to the practice, if a concern arose.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The practice had arrangements with two other practices run by the provider that could be used in the unlikely event of the premises becoming un-useable. A copy of the plan was kept off site.

The practice had a 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 mostly followed their recruitment procedure. We noted that references had not been obtained for two dentists who had been recruited in 2015. One of the principal dentists told us that they knew the dentists prior to their recruitment. They told us that since the practice manager had been appointed during the same year, their processes had improved. We noted that not all new staff were subject to a Disclosure and Barring Service check at the point of their recruitment. We found that applications were made once staff had passed a probationary period of six months. This presented a risk that the provider did not have assurance of staff suitability until they had already been working in their roles for some time. The practice did complete risk assessments for new staff who did not have a DBS check until one was applied for.

We noted that clinical staff were qualified and registered with the General Dental Council 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 and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw service and maintenance records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment 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. We noted that one of the dentists was due as they had not had a radiography audit carried out within the past 12 months.

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

Are services safe?

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

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

The 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 instructing the dentists to use a re-sheathing device when handling needles. We were informed that matrix bands were fully disposable.

A sharps risk assessment had been undertaken and was updated annually, or as required.

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. We found that the effectiveness of the vaccination was not always checked. For example, in three staff files we looked at, this information was not recorded. The practice had not completed a risk assessment for these staff; we were informed that this would be undertaken.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept daily 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 hygienist when they treated patients in line with General Dental Council 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. 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. The latest risk assessment was completed in July 2017. Records of water testing and dental unit water line management were in place.

The practice utilised the services of an external contractor to clean their premises. The contractor provided appropriate risk assessments for the cleaner(s) such as the control of substances hazardous to health and if they worked in the premises alone. 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 twice a year. The latest audit in October 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 noted sepsis management had been discussed during a clinical meeting in September 2018.

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

Are services safe?

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 requirements.

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

Safe and appropriate use of medicines

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

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

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 looked at one accident reported in the past 12 months. The accident (February 2019) resulted in a staff member having a fracture. This had not been reported as a RIDDOR incident (Reporting of Injuries, diseases and Dangerous Occurrences). The practice told us they had not identified that this was required at the time. They told us that a report would be submitted.

There were adequate systems for reviewing and investigating when things went wrong. The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to management. We looked at seven untoward incidents recorded in 2019 and noted they were subject to discussion amongst staff to prevent recurrence. For example, one of the incidents identified that consent had not been obtained from a patient on their treatment plan, completed electronically. Learning points included dental nurses checking the documents to ensure that they were fully completed prior to a patient attending for treatment.

There was a system for receiving and acting on safety alerts. The principal dentists received alerts directly from the www.gov.uk website. The compliance advisor also sent notifications to the principal dentists and checks were made to ascertain if the practice was affected. We saw they were acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received many positive comments from patients about the care received; some made reference to individual staff members. Many patients told us that they received an excellent, professional, superb and quality service. Overall, we noted very high levels of patient satisfaction.

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 offered dental implants. These were placed by one of the principal dentists and one of the other dentists at the practice; they 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 technology and equipment available in the practice e.g. dental loupes, single lens reflex (SLR) cameras and a microscope to enhance the delivery of care. One of the dentists had an interest in endodontics, (root canal treatment). The dentist used a specialised operating microscope to assist with carrying out root canal treatment.

The practice was a member of an educative dental community organisation aimed at sharing knowledge, ideas and experience amongst clinicians.

Helping patients to live healthier lives

Two of the principal dentists had spoken on local radio programmes, most recently in March 2019. Topics included raising awareness about tooth decay in children and preventative measures.

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 and adults 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 information to help patients with their oral health.

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 dentist and hygienist 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.

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 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 practice's consent policy included information about the Mental Capacity Act 2005. Dentists we spoke with understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. Not all dental nurses we spoke with demonstrated understanding of the Act.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The practice did not treat many young patients. Not all staff we spoke with were aware of the need to consider this when treating young people under this 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

Are services effective?

(for example, treatment is effective)

The practice kept satisfactorily 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. One of the dentists that we spoke with had not been subject to audit.

The practice carried out conscious sedation for patients who would benefit. An anaesthetist attended the practice to provide sedation. Treatment was provided for people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, dentists had undertaken specialist training in dental implants and orthodontics and one dentist had an interest in endodontics. The provider paid for online training for the dental nurses to support their development.

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

Co-ordinating care and treatment

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

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

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 pleasant, polite and helpful. One patient comment included that nothing was too much trouble for staff. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk.

Patients said staff were compassionate and understanding. We viewed very positive comments from a number of patients who used to be nervous or anxious about receiving dental treatment. For example, comments included that patients' worries had been listened to and as a result, they felt less anxious. Another patient told us that their faith had been restored in dentistry.

Patients could choose whether they saw a male or female dentist.

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

An information folder was available for patients to read. A water dispenser was provided for patient use in the waiting area.

We looked at patient feedback that included comments left on social media sites. We noted positive comments, including those from patients who were enthusiastic about outcomes from treatments received.

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 separate waiting area provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff could take them into another room adjacent to the reception desk. 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

We spoke with staff about how they helped patients to be involved in decisions about their care and requirements under the Equality Act.

- Interpretation services were available for patients who did not use English as a first language. However not all staff who worked on the reception desk were aware about the service when we asked them about it. There were also multi-lingual staff that might be able to support patients.
- Staff communicated with patients in a way that they could understand and easy read materials were available, on request.

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 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 for example, photographs, models, videos, X-ray images and an intra-oral camera. 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.

Dental educative software was held and a television screen was used to screen information in the patient waiting area.

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 practice advertised its services to those who experienced dental anxiety. Patient feedback from those patients, supported that the service was responsive to their needs.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. All surgeries were on the ground floor which enabled patients with mobility problems or wheelchairs to be seen. There was a lowered part of the reception desk.

Appointment reminders were issued by telephone, text message and email prior to patient attendance. Calls were also made to patients after they had complex procedures to check on their wellbeing.

The practice had made most reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. The practice did not have a hearing loop installed.

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

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. We were told that the next routine appointment was available within two days.

The practice displayed its opening hours in the premises and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with some other local practices.

The practice's phone line diverted patients needing emergency dental treatment when the practice was closed to a call handler that provided assistance.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

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

The practice manager was responsible for dealing with these. 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 told us they would invite 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.

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 leaders had the capacity and skills to deliver high-quality, sustainable care. The leaders, supported by the clinical team demonstrated they 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.

Leaders at all levels were visible and approachable.

The practice 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 five core values. These included: the provision of a great work environment and treating each other with respect and dignity, a culture of honesty and transparency, delivering great care, continuous investment in equipment, products and training and creating support from their patients.

The practice's current aims included for all surgeries to be busy five days a week.

The practice planned its services to meet the needs of the practice population. This included making provision for anxious or nervous patients and those requiring complex treatment.

Culture

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

Staff stated they felt respected, supported and valued.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This was demonstrated in some complaints received of a clinical nature that were being addressed.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Training was provided to all staff about 'black box' thinking where one of the principal dentists had been raising awareness to staff about being open and honest when things went wrong and speaking up when mistakes or errors were made.

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 principal dentists 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.

Monthly meetings were held for all practice staff. In addition, there were daily huddles, weekly management meetings and quarterly meetings with the dentists. A meeting was also held with the hygienists who worked across the practices in December 2018 where standardisation of record keeping and practice were subject to discussion.

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

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, written and verbal feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, magazines in the waiting room.

The practice gathered feedback from staff through meetings, surveys, and informal discussions.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

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. We noted that one of the dentists had not had a radiography audit carried out within the past 12 months. We noted that there was scope to further improve some audit processes in relation to radiography and record keeping; in particular recording of information in audit and analysis.

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

The 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.