

Dr Douglas George Watt

Euston Place Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 11 December 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

Euston Place Dental Practice is in Royal Leamington Spa and provides predominantly private treatment with a small NHS provision to adults and children. The services are provided by six individually Care Quality Commission registered providers at this location. This report only relates to the provision of general dental care and specialist services provided by Dr Douglas George Watt. Additional reports are available in respect of the general dental care and specialist services which are registered under the following providers; Dr Manvinder Thandi, Mr Charles Buckle, Mr Paul Mulligan, Westvere Limited and Macvander Ltd.

Summary of findings

There is a large ramp at the rear of the building to provide access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available in pay and display car parks near to the practice.

The dental team includes six dentists, ten dental nurses, one trainee dental nurse, one dental hygienist, three dental hygiene therapists, four receptionists, two administrators and one practice manager. The practice has eight treatment rooms.

The practice is owned by an individual who is one of the four the principal dentists there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 68 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists, two dental nurses and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday: from 8.15am to 5pm

Friday: from 8am to 2pm

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 with the exception of face masks for the self-inflating bags. These were ordered within 48 hours of our visit.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details and flow charts were displayed in the staff kitchen.
- The provider had staff recruitment procedures.
- 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. They routinely referred patients to their dental hygienist and hygiene therapists through a clear care pathway.
- The appointment system took account of patients' needs. Patients could access routine treatment and urgent care when required.
- 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. Information from 68 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a gentle, friendly and high-quality service.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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 used learning from incidents and complaints to help them improve. These were standing agenda items for discussion at staff meetings.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding contact details and reporting flow charts were displayed in the staff kitchen.

Staff were qualified for their roles and the practice completed essential recruitment checks although references were not held on personnel files. These had been filed elsewhere and were sent to us within 48 hours of our visit.

The practice held NHS prescriptions which were stored securely. Some improvement was required in ensuring that they could be tracked and monitored. During our inspection, the practice updated their processes to rectify this.

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. Appropriate medicines and life-saving equipment were available with the exception of face masks for the self-inflating bags. These were ordered within 48 hours of our visit. We found one medicine had not been stored in the fridge and the expiry date had not been adjusted to accommodate this. The expiry date was reduced in line with manufacturer's guidance on the day of our visit.

No action



Are services effective?

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

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

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. The dentists created bespoke treatment plan presentations for all complex treatments which were discussed with patients in the consultation room following their appointment. This ensured patients fully understood the diagnosis, treatment options with associated costs, and the pros and cons for each treatment option.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online referral system was used to monitor and track outgoing referrals. In house referrals were made to the practice's dental hygienist and three practice dental hygiene therapists.

No action



Summary of findings

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. The provider funded online and in-house training for all staff and were supporting a trainee dental nurse to become qualified at the time of our visit.

The staff were involved in quality improvement initiatives such as good practice accreditation as part of their approach in providing high quality care.

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 68 people. Patients were positive about all aspects of the service the practice provided. They told us staff were outstanding, very caring and extremely professional. Many patients commented that due to attending this practice regularly for many years they were no longer nervous and now felt very comfortable visiting the dentist. Patients consistently advised that they would highly recommend this practice and received first class care.

They said that they were given detailed and easy to understand treatment options. Patients consistently said their dentist listened to them and did not rush them.

Patients repeatedly commented that they were made to feel at ease, especially when they were anxious and that they had complete trust in their 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. There were several waiting areas for patients wishing to sit in a quieter area of the practice, a glass partition was placed between the reception desk and main waiting area to enhance privacy and a consultation room was available for patients requiring further privacy.

No action



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 took account of patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening early Monday to Thursday from 8.15am and on Friday from 8am.

Staff considered patients' different needs. This included providing some facilities for patients with a disability and families with children. Due to the practice being in a listed building there was no provision for an accessible toilet, however patients were signposted to a public toilet less than 50 yards from the practice. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss. Renovation to the building had been thoughtfully designed to enhance accessibility where possible. This included ramped access to the rear of the building, an assistance call bell on the rear door, a lowered part of the reception desk for wheelchair users and a ground floor treatment room.

Several team members had attended a dementia friends course to improve their understanding of, and help support patients living with dementia.

No action



Summary of findings

The practice took patients' views seriously. The practice proactively sought feedback from patients, which it acted on to improve its services. The results from the practice satisfaction survey were extremely positive and were displayed in the waiting room.

The practice valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints procedure in the reception area, in the patient information leaflet and on their website.

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. Staff told us that they could raise any concerns with the principal dentists and practice manager.

The four principal dentists worked well together and actively supported staff members within the team. Responsibilities were shared equally between the principal dentists and they were committed to providing high quality dental care to their patients. All the staff we met said that they were happy in their work and the practice was a good place to work.

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.

No action



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. Safeguarding contact details and reporting flow charts were displayed in the staff kitchen. We saw evidence that staff received safeguarding training. 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.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. A Policy and mandatory reporting document were available on file should staff need to refer to them.

The practice had a whistleblowing policy, which included contact details for Public Concern at Work, a charity which supports staff who have concerns they want to report about their workplace. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where a patient refused to use rubber dam we were advised that the dentists would not proceed with treatment and would record this in the patient's dental care record.

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 a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records however, references were not available during our inspection. These were sent to us within 48 hours of our visit.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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 used digital X-rays which reduced the dose of radiation.

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.

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, evidence of which was displayed in the staff kitchen.

Are services safe?

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 every year. This was last completed in March 2018.

Emergency equipment and medicines were available as described in recognised guidance with the exception of face masks for the self-inflating bags, these were ordered within 48 hours of our visit. We found one medicine had not been stored in the fridge and the expiry date had not been adjusted to accommodate this. The expiry date was reduced in line with manufacturer's guidance on the day of our visit. 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, the dental hygienist and the dental hygiene therapists 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. Copies of manufacturers' product safety data sheets and risk assessments were held for all materials and substances. This information and a COSHH policy were stored in a designated file.

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.

There was a dedicated decontamination room which served all eight dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was

clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. A dedicated sterilisation technician was responsible for ensuring that high standards of decontamination were followed. 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 which had been completed in September 2016. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and feedback received from patients advised this was normal.

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 completed in December 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 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

Are services safe?

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 practice held NHS prescriptions which were stored securely. Some improvement was required in ensuring that they could be tracked and monitored. During our inspection, the practice updated their processes to rectify this.

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

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

In the previous 12 months there had been no safety incidents recorded. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice. Incidents were a standing agenda item for discussion at staff meetings.

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

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 three of the principal dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to intra-oral cameras, microscopes, a CEREC machine (to make crowns, veneers, onlays, and inlays out of ceramic material in one appointment), and 3D scanning which allowed impressions to be taken digitally. This technology enhanced the delivery of care given to patients. For example, 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 dentist also provided advice and guidance on endodontics to the other dentists in the practice.

The practice also used software which showed patients animated sequences of the procedures and treatment options. The dentists created bespoke treatment plan presentations for all complex treatments which were discussed with patients in the consultation room following their appointment. This ensured patients fully understood the diagnosis, treatment options with associated costs and the pros and cons for each treatment option.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists 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 leaflets 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 dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice and referring to the dental hygienist or dental hygiene therapists who took plaque and gum bleeding scores and recorded 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 carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

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 and all staff had completed training in January 2017. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy

Are services effective?

(for example, treatment is effective)

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

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. One of the dental nurses was a designated training lead who supported all staff members with any training requirements. The provider funded online and in-house training for all staff and were supporting a trainee dental nurse to become qualified at the time of our visit.

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

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.

An online referral system was used to monitor and track outgoing referrals. The practice monitored all referrals to make sure they were dealt with promptly.

The practice was a referral clinic for implant procedures and they monitored and ensured the dentists were aware of all incoming referrals daily.

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 outstanding, very caring and extremely professional. We observed reception team members supporting patients in a friendly, helpful and polite manner at the reception desk and over the telephone. All patients were met by the dentists in the waiting area and escorted to the treatment rooms.

Many patients commented that due to attending this practice regularly for many years they were no longer nervous and now felt very comfortable visiting the dentist. Patients consistently advised that they would highly recommend this practice and received first class care. 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.

Information folders, patient survey results and practice policies were available for patients to read. Music was played in the waiting room and there were magazines, children's books and complimentary Wi-Fi access available for patients. The practice provided drinking water for patients in the waiting room.

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. There were several waiting areas for patients wishing to sit in a quieter area of the practice and a glass partition was placed between the reception desk and main waiting area to enhance privacy. If a patient asked for more privacy, staff would take them into the patient consultation 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 to be involved in decisions about their care and were aware of the

Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- The practice used software which showed patients animated sequences of the procedures and treatment options.
- 3D Digital imaging was used to show patients their own tooth structure whilst discussing available treatment options.

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. These included 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.

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.

Several team members had attended a dementia friends course to improve their understanding of, and help support patients living with dementia. Posters stating, 'I'm a dementia friend' were displayed in the waiting rooms.

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 practice had made reasonable adjustments for patients with disabilities. Due to the practice being in a listed building there was no provision for an accessible toilet, so patients were signposted to a public toilet less than 50 yards from the practice. The practice had access to interpreter services and one of the dentists was multi-lingual. Renovation to the building had been thoughtfully designed to enhance accessibility where possible which included ramped access to the rear of the building, an assistance bell on the rear door, a lowered part of the reception desk for wheelchair users and a ground floor treatment room. The practice had a hearing induction loop, a magnifying glass and large print documents available at reception.

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

All patients were reminded of appointments four working days before either by text message or email dependant on the patient's preference. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice offered extended hours appointments opening early Monday to Thursday from 8.15am and on Friday from 8am.

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. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The principal dentists all participated in an emergency on-call arrangement for patients seen privately at the practice and signposted NHS patients to the NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The 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 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 invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The four principal dentists worked well together and actively supported staff members within the team. Responsibilities were shared equally between the principal dentists and they were committed to providing high quality dental care to their patients. All the staff we met said that they were happy in their work and the practice was a good place to work.

We found the principal dentists had the capacity and skills to deliver high-quality, sustainable care. The principal dentists 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. They understood the challenges and were addressing them.

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

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

Vision and strategy

There was a clear vision and set of values which was displayed in the patient information leaflet and on the website. The practice's philosophy was to provide patients with a high standard of dental care that staff members would wish for themselves and their families. The team believed in empowering their patients to improve their oral health through education and ongoing support.

The practice had a realistic strategy and supporting business plans to achieve priorities. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care and focused on the needs of patients.

Staff told us that they felt well supported and could raise any concerns with the practice manager and the principal dentists. All the staff we met said that they were happy in their work and the practice was a good place to work. They were proud to work in the practice.

We saw the provider took effective action to deal with poor performance.

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

Governance and management

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

The principal dentists shared 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.

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

Are services well-led?

The practice used patient surveys, suggestions box feedback and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, signage was placed in the waiting room advising patients that a room was available should they wish to speak with reception staff in private following patient feedback that they were unaware of this facility.

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, 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 although at the time of our visit the most recent audits did not document the resulting action plans and improvements. Copies of these were sent to us within 48 hours of our visit.

The principal dentists 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.