

Lux Dental Limited

Leamington Road Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 7 November 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

Leamington Road Dental Practice is in Coventry and provides private treatment to adults and children.

The practice is in a residential area and the treatment rooms are situated on the first floor; these are accessible by a flight of stairs. The practice informs all new patients intending to register that their premises are not

Summary of findings

wheelchair accessible. They signpost patients that cannot climb the stairs to a nearby practice. Car parking spaces are available in the dedicated car park at the front of the practice and also on the streets surrounding the practice.

The dental team includes two dentists, three dental nurses and a practice administrator. The practice has two treatment rooms.

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 Leamington Road Dental Practice is the principal dentist.

On the day of inspection, we collected 22 CQC comment cards filled in by patients and spoke with one other patient.

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

The practice is open:

Monday and Tuesday from 8.30am to 5pm.

Wednesday from 9am to 6.30pm.

Thursday from 9am to 4.30pm.

Friday from 9am to 3pm.

Our key findings were:

- The provider was a new owner of the practice and registered with the Care Quality Commission (CQC) less than four months prior to our visit. They were in the process of updating existing equipment, embedding new policies and procedures and implementing new systems.
- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance. We were not provided with weekly and quarterly ultrasonic bath checks or servicing details.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had some systems to help them manage risk to patients and staff. However, there was scope for improvement in relation to domiciliary visits, radiation protection and recording equipment and safety checks. Improvements were made following our visit.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough 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.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and was embedding a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided. Information from 22 completed CQC comment cards gave us a positive picture of a friendly, professional and high-quality service.
- The provider had not received any complaints but had processes in place to deal with any should the need arise.
- The provider had suitable information governance arrangements.

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensuring the ultrasonic bath is serviced in line with manufacturers requirements and that weekly and quarterly tests are recorded.
- Review the practice's Legionella risk assessment and implement any recommended actions, taking into

Summary of findings

account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensuring staff have completed legionella training and that monthly temperatures for sentinel taps are recorded.

- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare 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. However the practice did not record fire checks and were unable to show us a five-year electrical fixed wire test certificate for the building. Logs were implemented to record fire checks and sent to us with a copy of the five-year electrical fixed wire test certificate which had been completed the day after our visit.

The provider had not received any incidents or complaints since taking over ownership of the practice less than four months ago. They had processes and policies to support investigating and handling these events.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and mostly properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Missing weekly and quarterly test logs for the ultrasonic bath were sent to us following the inspection.

The practice had processes to ensure that staff and patients were protected from the risks associated with radiation when taking X-rays. However, we noted that rectangular collimators were not fitted to X-ray machines. These were ordered and fitted following our visit and a frayed lead on one of the x-ray machines was also covered.

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 as clearly explained, excellent and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

One dentist provided domiciliary visits to several patients. They had risk assessed attending domiciliary settings but did not carry emergency medicines or oxygen when undertaking visits. We discussed the guidelines with the principal dentist who confirmed that no further visits would take place without this being implemented.

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



Summary of findings

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 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were knowledgeable, wonderful and caring.

They said that they were given detailed explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Many of the patients advised that they had been attending this practice for years; they were confident in the quality of care provided and said that there was a relaxed atmosphere. One patient commented that they felt at home whilst at the practice.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. The practice was situated in a converted residential building and the treatment rooms were situated on the first floor accessed by a flight of stairs. Due to the building constraints wheelchair access was not possible. The provider had long term plans to renovate the practice to include a ground floor treatment room. The practice informed all new patients wishing to register that they were not wheelchair accessible and would signpost patients that could not climb the stairs to a nearby practice.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and advised that they would respond to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The provider was a new owner of the practice and was registered with CQC less than four months prior to our visit. They were in the process of updating existing equipment, embedding new policies and procedures and implementing new systems.

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.

No action



Summary of findings

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

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

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. 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.

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

There was a whistleblowing policy that included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Staff 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 documented in the dental care record and a risk assessment completed.

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 also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at nine 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 ensured that facilities and equipment were safe and that equipment was mostly maintained according to manufacturers' instructions, including electrical and gas appliances. The practice was unable to locate a five-year electrical fixed wire test certificate and servicing information for the ultrasonic bath. Due to being unable to locate the certificate another inspection was completed the day after our visit and we were sent a copy of the new five-year electrical fixed wire test certificate. We were informed that the ultrasonic bath was going to be replaced rather than serviced.

The practice did not record regular testing of fire detection equipment, such as smoke detectors and emergency lighting. We were sent a copy of a log the practice had implemented to record these checks following our inspection. Firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had arrangements to ensure the safety of the X-ray equipment. They mostly met current radiation regulations and had the required information in their radiation protection file. The provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography. Local rules for each machine were on display in line with the current regulations. The provider used digital X-rays to reduce the dose of radiation received by patients. However, we noted that the practice did not use rectangular collimators, these were immediately ordered and placed on the X-ray machines within 48 hours of our visit. We also found that the outer casing of the lead from the control panel to exposure button on one x-ray machine was frayed, exposing the inner wires which were intact. The principal dentist took immediate action and sent us photographic evidence the next day showing the lead had been covered.

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

Are services safe?

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

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. We found one sharps bin that had not been dated in line with regulation, this was immediately rectified.

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.

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 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 (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 most equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. However, we were not shown weekly and quarterly ultrasonic bath checks or servicing

details. We were sent copies of logs and checks completed following our visit and advised that the provider would purchase a new ultrasonic bath rather than service the current one.

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 some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Most recommendations had been actioned and records of dental unit water line management were in place. However, water temperature testing had not been recorded; we were sent a copy of the log being implemented to record these checks within 48 hours of our visit. We also noted that none of the staff members had completed legionella training.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice was aware of the requirement to complete infection prevention and control audits twice a year. The latest audit completed in October 2018 scored 97% and 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, (formerly known as the Data Protection Act).

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

Are services safe?

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. The practice administrator was a qualified pharmacist and the lead in this area.

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

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice had processes to monitor and

review 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.

Lessons learned and improvements

The practice had processes to learn and implement improvements if things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the 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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

One dentist provided domiciliary visits to several patients. The dentist took into account some of the guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence. However, they had not risk assessed attending domiciliary settings and did not carry emergency medicines or oxygen when undertaking visits. We discussed the guidelines with the principal dentist who confirmed that no further visits would take place without this being implemented.

The practice offered dental implants. These were placed by the one of the dentists at the practice and a visiting specialist both of whom 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 digital intra-oral x-rays to enhance the delivery of care.

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 based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The principal dentist advised that they used diet diaries to help support patient's awareness of sugar content in their diet. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the 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 to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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. The team 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 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. One of the dentists did not routinely record risk assessments in relation to caries and periodontal condition, templates were updated to include this following our visit. The dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

The provider had owned the practice for under four months and therefore had not audited patients' dental care records to check that the dentists recorded the necessary information. This was completed following our visit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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.

We were told that staff discussed their training needs as they arose, at staff meeting and they would discuss these at annual appraisals. We saw evidence of scheduled appraisals and discussed 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.

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 bacterial 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.

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 knowledgeable, wonderful and caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. 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. This included the requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not have English as a first language. 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.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices 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 and X-ray images.

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 principal dentist shared examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia and patients with long term conditions.

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 where possible for patients with disabilities. These included reading glasses and large print documents at reception and grab rails in the patient toilet for patients with limited mobility.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website. The practice offered extended hours appointments opening early from 8.30am on Monday and Tuesday and opening later until 6.30pm on Wednesday.

The practice had an efficient 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 dentist provided emergency on-call services to patients seen by the practice.

The practices' 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 administrator advised us that they took complaints and concerns seriously and would respond to them in line with their policy to improve the quality of care.

The practice policy provided guidance to staff on how to handle a complaint and a copy of the complaints procedure was displayed in the waiting room. The practice information leaflet and website also explained how to make a complaint.

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

The practice administrator told us they would aim to settle complaints in-house and would invite patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received within the past four months, they had not received any complaints during this period.

Are services well-led?

Our findings

Leadership capacity and capability

The provider was a new owner of the practice and registered with CQC less than four months prior to our visit. They were in the process of updating existing equipment, embedding new policies and procedures and implementing new systems.

The principal dentist had the capacity and skills to deliver high-quality, sustainable care. 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. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

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

The practice focused on the needs of patients.

Leaders advised that they would take effective action to deal with poor performance should the need arise. They had policies and processes in place to support dealing with poor performance.

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

Staff 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice administrator and the principal dentist were 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.

The principal dentist was in the process of developing a patient satisfaction survey to obtain patients' views about the service. Upon taking over ownership of the practice, the principal dentist and practice administrator arranged meetings with every member of staff and asked them to detail three things they liked about the practice and three things that could be improved. Following this, improvements were made, for example changes were made to the way staff were paid.

Continuous improvement and innovation

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

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs, dental implants and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Due to recent ownership changes, dental care record audits had not been completed. These were completed and sent to us following our visit.

The principal dentist 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 scheduled. The appraisal templates discussed learning needs, general wellbeing and aims for future professional development.

Staff 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. The practice provided support and encouragement for them to do so.