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Willows Dental & Implant Centre

Inspection Report

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Date of inspection visit: 6 November 2019

Date of publication: 12/12/2019

Overall summary

We carried out this announced inspection on 6 November 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Willows Dental & Implant Centre is in Wolverhampton and provides NHS and private dental care and treatment for adults and children.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near in the practice car park.

The dental team includes seven dentists, five dental nurses, two dental hygienists, two receptionists and a treatment co-ordinator. The management team consists of an assistant practice manager, a clinical manager and the practice manager, all of whom are qualified dental nurses. The practice has seven treatment rooms.

The practice is owned by an individual who is the principal dentist 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 33 CQC comment cards filled in by patients.

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

The practice is open:

Monday, Wednesday, Thursday and Friday from 8.30am to 6pm.

Tuesday from 8.30am to 8pm.

Our key findings were:

- The provider had effective leadership and a culture of continuous improvement. There was an experienced and enthusiastic management team that supported the principal dentist.
- The practice appeared to be visibly 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 a paediatric ambubag and clear face masks. These were ordered during the inspection.
- The provider had systems to help them manage risk to patients and staff. We found that Hepatitis B vaccine records were held for three members of staff, however these did not specify the immunity level or status. Risk assessments were implemented during our inspection and assurance was given that this information would be sought.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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 provided preventive care and supported patients to ensure better oral health. We were shown individualised plans to support patients with their oral health needs such as providing patients with a book to help them stop smoking.
- The appointment system took account of patients' needs. The practice is open until 8pm on Tuesdays to accommodate patients that are unable to attend during daytime hours.
- Staff felt involved and supported and worked as a team. The provider actively listened to the staff needs and encouraged development within the practice.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had 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 this practice was providing safe care in accordance with the relevant regulations.

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

No action ✓

Are services safe?

Our findings

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had 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 provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider 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 were two dedicated decontamination rooms, one on each floor that served the dental treatment rooms. These were for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas through the use of two rooms. Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff 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 May 2019. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in October 2019 showed the practice scored 97% and was meeting the required standards.

The provider had a whistle blowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider 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 which were organised and complete. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

A fire risk assessment was carried out in line with the legal requirements in October 2019. Subsequent action plans

Are services safe?

had been drafted with timeframes to achieve the improvement outlined in the risk assessment. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

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

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

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

The provider had implemented 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 provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the 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 vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. However, whilst we found that Hepatitis B vaccine records were held for three members of staff, they did not specify the immunity level or status. Risk assessments were implemented during our inspection and assurance was given that this information would be sought.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were

displayed throughout the practice. This helped ensure staff triaged appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance with the exception of a paediatric ambubag and clear face masks. These were ordered during the inspection. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

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 dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

Are services safe?

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

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

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

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 18 months there had been two incidents recorded. We saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff 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

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw 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 conscious sedation for patients. This included patients who were very anxious about 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 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 guidance.

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

The records also showed that staff recorded details of the concentrations of the sedation gases used.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to clini-pads, a dental cone beam computed tomography (CBCT) machine and digital x-rays to enhance the delivery of care. The provider had recently purchased impression free scanners for the clinicians to provide crown and bridge work without taking traditional impressions.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The provider had purchased books for patients written by a British author about stopping smoking and other psychological dependencies including alcohol addiction. They told us they had used this book themselves to stop smoking and felt that this supported some patients to stop smoking. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The practice was committed to providing preventive oral hygiene advice within the local community and overseas in disadvantaged countries. They ran three clinics a year through school holidays that were 'children friendly' days. The team wore fancy dress, offered out goody bags containing oral health products and held colouring competitions to encourage children to attend the dentist. Team members regularly visited local care homes to educate staff in supporting residents with tooth brushing techniques, denture care and oral health advice.

The practice owners had visited Africa to provide sustainable dental treatment in poor and remote communities. Patients of the practice and the local community had donated to supplies such as toothbrushes that were given to patients seen overseas. Details of these events were captured in the practice's monthly newsletter, on their website and in bespoke journals in the waiting room.

Are services effective?

(for example, treatment is effective)

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 might 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 may give consent for themselves in certain circumstances. 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. There were two treatment co-ordinators, one was clinical, and one was non-clinical to ensure that they were able to discuss treatments in a patient appropriate language. At the time of our inspection the provider was supporting four dental nurses to complete a post graduate sedation qualification.

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

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 for treatment the practice did not provide.

The practice was a referral clinic for dental implants and procedures under sedation. We saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

Are services caring?

Our findings

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

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.

The practice team actively engaged with local charities and supported them by raising money through fundraising events. In addition to this the practice owners sponsored local initiatives such as a junior football team, a disabled swimming group, a cricket team and boxing team.

Patients commented positively that staff were welcoming, professional and extremely caring. We saw staff treated patients as individuals and were friendly towards patients at the reception desk and over the telephone. All patients were met by the dental nurses or dentists in the waiting area and escorted to the treatment rooms.

Patients said staff were compassionate and understanding. Many patients commented that the team were reassuring and always listened to their needs.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were informed of specific adjustment that had been made to help patients receive care.

Music was played in the waiting room to calm patients and provide a relaxing atmosphere. There were magazines, practice journals, sudoku puzzles and pens, a drinks fridge, reading glasses, magnifying glasses with illuminators, free wi-fi signage and a dedicated children's area with an abacus and seating in the waiting room.

Information folders contained comprehensive information for patients to read including: details of local community teams and well-being services, treatment fees, interpreter information, sepsis information, monthly newsletters and practice policies. In addition to this there was a notice board displaying thank you cards and several folders containing patient testimonials and feedback.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. 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. They were aware of the Accessible Information Standard which was a requirement to make sure that patients and their carers can access and understand the information they were given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- Reading glasses and magnifying glasses were available in reception.
- Two treatment co-ordinators were on hand to discuss any treatment plans at length with patients in a non-clinical area of the building.

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.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them

Are services caring?

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 a 3D scanner. The 3D scanner 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

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

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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

The practice team individualised care and treatment to ensure all patients were able to receive care. They regularly visited care homes to educate staff in supporting their residents with oral health care and had completed domiciliary visits for a patient suffering with agoraphobia. Other examples shared included fixing tennis racket tape to a toothbrush to support a patient to grip it better.

The practice offered sedation for nervous and phobic patients which was well received and enabled patients to receive care and treatment. In addition to this they referred some patients for hypnotherapy and used therapy dogs that were brought to the practice to help calm patients.

Patients described high levels of satisfaction with the responsive service provided by the practice. Many patients commented that they had been patients at this practice for over 20 years, they would highly recommend this practice and would not wish to be seen anywhere else.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

33 cards were completed, giving a patient response rate of 66%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were exceptional care received, helpful and understanding team members and first-class treatment received. One patient told us that the care they had received at this practice was life changing and a great experience every time.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Morning 'huddles' were used to discuss any adjustments needed for patients to ensure these were in place prior to patients attending their appointments. One patient commented 'I have a problem with my jaw and my dentist is always very caring and asking if I am ok when receiving treatment. I am very pleased with the service'.

The practice had made reasonable adjustments for patients with disabilities. This included fixed ramp access, a hearing loop, magnifying glasses, reading glasses, a low-level area of the reception desk for wheelchair users, a wheelchair and an accessible toilet with hand rails and a call bell. The practice was also child friendly and had a dedicated children's area in the waiting room with an abacus table, latex free balloons, a sticker box, colouring sheets and a baby change unit.

Staff had carried out a disability access audit in June 2019 and had formulated an action plan to continually improve access for patients.

All patients were reminded of appointments two working days before either by text message, email or a call dependant on the patient's preference. Staff 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 displayed its opening hours in the premises and included it in their information leaflet and on their website. Evening appointments were offered until 8pm on Tuesdays for patients unable to attend during normal working hours.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment 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.

Are services responsive to people's needs? (for example, to feedback?)

The staff took part in an emergency on-call arrangement with some other local practices for their private patients. The practice 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

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet

explained how to make a complaint. The principal dentist and practice manager were responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 manager had dealt with their concerns.

We looked at comments, compliments and the one complaint the practice received within 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

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

There was good communication within the practice and daily 'huddle' meetings were minuted to ensure all staff were kept up to date with any changes and updates. Several monthly meetings were held for the full team, dental nurses and clinicians, these were all documented and shared with staff members. The team used emails and a social media app to communicate quickly with one another. Quizzes were used at practice meetings to engage staff, keep information sharing light hearted and enhance learning.

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care. The practice had won several awards at the Private

Dentistry show in 2018 which they attributed to the team working together effectively. The principal dentist was proud of the practice team and valued the commitment they made to maintain high quality care for their patients. The team appeared highly motivated and we were told that they were rewarded by their management team with social events and employee of the month awards.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. The principal dentist provided food for all staff that work until 8pm on Tuesdays and gave them a 30-minute break to ensure that they were not over tired.

Staff discussed their training needs at an annual appraisal, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. The practice used an external company to provide regular updates on the local population demographics so that they could align their service to the patient need.

We saw the provider had systems in place to deal with staff poor performance. The principal dentist described to us a courtesy system they used to drive and facilitate constructive and supportive conversations within the practice.

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.

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

Governance and management

Staff had 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 manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Are services well-led?

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.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information. Quality and operational information, for example NHS BSA performance info, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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

Staff involved patients, the public, staff and external partners to support the service. For example, the principal dentist held regular focus group meetings with patients to drive improvements.

The provider used patient surveys, online feedback, testimonials and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the principal dentist ensured there were fresh flowers in the waiting room following patient feedback.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow

patients to provide feedback on NHS services they have used. Results from September 2019 from 10 respondents showed 100% would recommend this practice to family and friends.

The provider 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

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, online training was funded for all employed staff and four dental nurses were being supported to complete a post graduate sedation qualification.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.