

# Mr Mukesh Kantilal Shah

# Birstall Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 January 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

The practice is located in Birstall, a large village within the Charnwood borough of Leicestershire. It provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking is not available at the practice; there is free on road parking within close vicinity to the premises.

The dental team includes four dentists, five dental nurses, two trainee dental nurses, one decontamination nurse and one receptionist. Two of the dental nurses were also undertaking practice management roles.

# Summary of findings

The practice has four treatment rooms; two are on the ground floor.

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 47 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, five dental nurses, a trainee dental nurse and the receptionist. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 6pm and Saturday by prior arrangement only.

## **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 most life-saving equipment were available. Oropharyngeal airways and a child self-inflating bag with reservoir were not held in the kit.
- The practice had most systems to help them manage risk to patients and staff. We noted exceptions in relation to some of the premises management. These were actioned immediately by the provider.
- The provider had some suitable safeguarding processes; we identified that a number of staff had last updated their safeguarding training over three years ago. Following our inspection, action was taken immediately by all the staff to complete this.
- The provider had thorough staff recruitment procedures. Improvements could be made to also have a supporting recruitment policy to underpin their procedures.

- The clinical staff provided patients' care and treatment in line with current guidelines. We noted that improvements were required in relation to the detail of record keeping.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- 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.
- We received many positive comments from patients about the service received.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- 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. The practice had a policy for the reporting of untoward and significant events. Though none had been formally recorded, the incidents had been discussed in practice meetings and appropriate action was taken to prevent recurrence.

Staff received training in safeguarding people; some staff' training had last been updated several years ago. Following our inspection, training was completed by all members of staff who required this and we were provided with supporting evidence.

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

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

The practice had suitable arrangements for dealing with medical and other emergencies. We noted that oropharyngeal airways needed replacing and a child self-inflating bag needed to be obtained.

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 gentle, professional and effective.

The dentists told us they discussed treatment with patients so they could give informed consent; we found this was not always reflected in their dental care records. We checked a sample of records and noted that more detailed notes could be made in relation to advice given to patients such as on alcohol consumption. An action plan was already in place to address inconsistencies that had been identified by the practice.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 47 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and polite, and exceptionally helpful.

No action



# Summary of findings

They said that they were given helpful and informative 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. Comments left on NHS Choices website reflected these.

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

## **Are services responsive to people's needs?**

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss. The provider had installed a support rail in one of the corridors to assist patients in the short walk to one of the treatment rooms. A wheelchair was also kept to hand in case any patients required this.

The practice took patients views seriously. They valued compliments from patients and responded 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 practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept 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 systems to keep patients safe.

Staff showed awareness of 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 whilst staff had received safeguarding training, the receptionist, dental nurses and one of the dentists had last updated their training several years ago. Guidance recommends that clinical staff complete this training within or every three years. The practice managers told us that face to face training had been booked to take place in February 2019. Following our inspection, we were provided with evidence of level two online training that had been completed by all staff after our visit.

Staff demonstrated awareness about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice predominantly used a paper based patient record system. Staff told us that whilst there wasn't a system to highlight vulnerable patients on records, e.g. children with child protection plans and adults where there were safeguarding concerns, if they did identify concerns, they would be recorded or flagged appropriately.

The practice had a whistleblowing policy. 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.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan included details of other dental practices that could be used in the unlikely event of the premises becoming un-useable.

We found that procedures followed reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure. Improvements could be made to also have a supporting recruitment policy to underpin their procedures. Following our inspection, the practice managers told us that they had introduced a recruitment folder and were currently updating this with policy provision.

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

The practice ensured that equipment was safe maintained according to manufacturers' instructions. We looked at facilities maintenance and found that a gas safety check was required as well as five yearly fixed electrical wiring testing, which was overdue. The provider told us that this had been an oversight and made arrangements on the day for testing to take place. Following the inspection, we were sent evidence that this had now been completed.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw documentation dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that most of the dentists justified, graded and reported on the radiographs they took, although we noted improvements could be made in relation to one set of records. We found that further information and detail was required.

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 reviewed 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. They had taken measures to manage the risks of sharps injuries by dentists using a needle guard when handling needles. We were informed that matrix bands were not the disposable type; dentists were responsible for dismantling these. A sharps risk assessment had been undertaken. Improvements could be made to ensure the practice implemented the safer sharps system, as described in EU Directive.

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. We noted that one of the trainee nurses was undergoing vaccination and therefore the effectiveness was not yet known. The provider had not undertaken a risk assessment for them; they sent us evidence after the inspection to show that this had been completed.

A fire drill had not been completed. We were informed that this would take place in the next team meeting.

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

Most emergency equipment and medicines were available as described in recognised guidance. We found that oropharyngeal airways were past their use-by date and a child self-inflating bag with reservoir was not held. The provider told us on the day that the airways were currently on order and they would also obtain the child self-inflating bag.

Staff kept monthly records of their checks of equipment and medicines. Guidance recommends that the checks are conducted on a weekly basis.

A dental nurse worked with the dentists when they treated patients in line with GDC 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. We found that the paper based system may benefit

from review, to ensure that information could be obtained quickly, if required. The practice did not hold risk assessments for the products that the cleaner used. The provider told us this was an oversight.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice employed a cleaner to undertake general cleaning in the premises at the time of our inspection. We saw cleaning schedules. The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. The latest audits in April and November 2018 showed the practice was meeting the required standards. The provider told us about improvements made recently to surgeries and the decontamination room where, for example the floors had been resurfaced.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

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 mostly 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**

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 stored NHS prescriptions securely as described in current guidance. We found that monitoring systems required some strengthening as records were not held of individual prescription numbers; this would identify if a prescription was taken inappropriately.

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

## **Track record on safety and Lessons learned and improvements**

The practice had a positive safety record. There were comprehensive risk assessments in relation to most safety issues. We noted exceptions on the day of our visit in relation to risk assessments for cleaning products used and a lone worker risk assessment that required completion.

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. We looked at four accident reports and found that action was taken when appropriate. For example, a fall resulted in the portable ramp being removed and a fixed one placed.

The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to managers. Whilst there had not been any incidents formally recorded as such, we identified some issues that should have been. We noted that these issues had still been discussed suitably in practice meetings and action taken to prevent recurrence. For example, incorrect patient exemption on form completion and effectiveness of manual cleaning on particular instruments. The practice managers told us that they would review the process of recording.

There was a system for receiving and acting on safety alerts. The principal dentist managed the process without involvement from other staff. This meant that medicine safety alerts were not always shared with the team. The process presented a risk that new alerts may not be actioned if the principal dentist was unable to look at them for any reason. The practice managers told us after the inspection that they had also signed up to receive alerts directly from the website.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received many positive comments from patients about the treatment and service received; some made reference to individual staff members. Overall, we noted high levels of patient satisfaction.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The principal dentist undertook ad-hoc visits to see patients in their home environment. We were told that the visits made were for patients who were no longer able to attend the practice because of mobility problems or other health issues. We noted that the treatments carried out were of lower risk such as those involving dentures. Improvements could be made to ensure risk assessments were undertaken prior to their visits to reflect considerations such as whether emergency medicines were required or the suitability of the patients' environment.

The practice offered dental implants. These were placed by one of the 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 technology and equipment available in the practice for example, an intra-oral camera was available in each surgery room and X-ray equipment also included hand held X-ray machines.

### 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 told us that they discussed smoking, alcohol consumption and diet with patients during appointments.

We found that the dentists' notes in the sample of dental care records we looked at did not always reflect that discussions were held regarding issues such as alcohol consumption.

The practice had a selection of dental products for sale and provided health promotion leaflets/information to help patients with their oral health.

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

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

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### Consent to care and treatment

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

The practice team understood the importance of obtaining patients' consent to treatment. Our review of a sample of records showed that the level of detail recorded regarding consent was mixed. The dentists told us they 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 held documented 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 practice consent policy 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.



# Are services effective?

(for example, treatment is effective)

## **Monitoring care and treatment**

The practice generally maintained 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 recorded the necessary information. Our check of an audit, resulting action plan and our discussions held with staff identified that some improvements were required in the completion of the dental care records. We were provided with assurance regarding ongoing monitoring to drive improvement.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses had attended lunch and learn sessions to update their knowledge, for example, in restorative dentistry. Two trainee dental nurses were employed at the practice and they received training and support from other staff.

One of the practice managers was new to their role. They were receiving support from the second practice manager.

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.

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 caring and polite, and exceptionally helpful. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist when they joined the practice.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient comment stated that they had made a number of visits to the dentist for a particular issue and had always been able to get a same day appointment, when in pain.

We looked at feedback left on the NHS Choices website. We noted that the practice had received 5/5 stars overall based on patient experience on five occasions. Reviews left included reference to the responsiveness of the practice in treating urgent dental problems and staff being pleasant and welcoming.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the main waiting area provided some privacy when reception staff were dealing with patients. The practice had installed a privacy hatch at the side of the reception desk; this was away from the main patient seating area and provided privacy for patient/staff discussions. There was also a second waiting room upstairs in the practice.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

The practice 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 and Accessible Information Standards. (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. Staff also spoke various languages including Gujarati, Hindi and Urdu.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials could be obtained if required.

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 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 models, X-ray images and an intra-oral camera. These could be 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. Staff told us how they met the needs of more vulnerable members of society such as those living with long-term conditions such as dementia. A patient comment card completed by a carer described the high quality care given to vulnerable patients when they were present.

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. Patients with mobility problems were always seen in a ground floor treatment room. The provider had installed a support rail in one of the corridors to assist patients in the short walk to one of the surgery rooms. A wheelchair was also kept to hand in case any patients required this.

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

Staff contacted patients through the post ten days prior to the appointment to remind them to attend.

### 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.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. We saw that patient comments included that an excellent and responsive service was provided in relation to dental emergencies.

Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept waiting.

The practice's information leaflet and answerphone provided contact information for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were advised to contact NHS 111. Patients who had dental implants placed were provided with a private mobile telephone number for one of the dentists.

Patients confirmed they could make routine and emergency appointments easily and were not often 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.

One of the practice managers and the principal dentist were responsible for dealing with complaints. Staff would tell the practice manager or principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received within the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

We found that the clinical team had the capacity and skills to deliver high-quality, sustainable care. The principal dentist, supported by the team had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist was 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 if applicable**

There was a vision and set of values. The practice objectives included the delivery of a high standard responsive service to the whole population in line with professional expectations.

The practice planned its services to meet the needs of the practice population. We were informed that the local area had been subject to increased residential building and the practice had expanded its patient list to help meet the need for dental health services.

### **Culture**

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice. We were provided with specific examples by staff of help and kindness shown by the principal dentist when staff required support.

The practice focused on the needs of patients. The principal dentist had treated some patients and their families for many years; positive feedback was reflected in patient comment cards of the caring and professional approach demonstrated by the principal dentist.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, following a misunderstanding or

miscommunication regarding a clean and polish procedure resulted in a refund being given and apologies offered. The complaint also resulted in a reminder for staff to give clear verbal information to patients.

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. They had confidence that these would be addressed.

### **Governance and management**

There were responsibilities, roles and systems of accountability to support good governance and management. The newly appointed practice manager felt supported and empowered to undertake their new role.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice managers 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 most risks, issues and performance. We noted that review was required of safeguarding training, fire and gas safety arrangements to ensure that these were up to date and in place. Action was taken after the inspection to address the issues.

### **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, staff and external partners to support high-quality sustainable services.

## Are services well-led?

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, patients were better informed if there was a longer wait time.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

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

The 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 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.

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.