Mr Michael Best

Bateman & Best

Inspection Report

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Overall summary

We carried out this announced inspection on 17 April 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

Bateman & Best dental practice is in Darwen, Lancashire and provides NHS and private treatment to adults and children. The practice is part of a pilot Dental Prototype Agreement Scheme to trial a new NHS dental contract.

There is level access for people who use wheelchairs and those with pushchairs and a wider access door to the rear of the property for patients with larger wheelchairs. On street parking is available near the practice.

The dental team includes the principal dentist, three associate dentists, two foundation dentists, 13 dental nurses including a trainee dental nurse, two dental hygiene therapists and a foundation hygiene therapist, a

Summary of findings

reception manager, a receptionist and a practice manager. The practice has six treatment rooms. The service offers dental implants which are provided by a visiting dentist. The principal dentist also provides orthodontic treatment on a private basis to adults.

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 26 CQC comment cards filled in by patients.

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

The practice is open:

Mondays 8.45am – 6.30pm

Tuesdays 7.45am – 6.30pm

Wednesdays 7.45am – 5.30pm

Thursdays 8.45am – 5.30pm

Fridays 7.45am – 3.30pm

Saturdays- occasionally by prior arrangement

Our key findings were:

- The premises were clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them identify and manage risk to patients and staff.
- The provider 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.
- 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.
- 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 protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents to help them improve.

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

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. Evidence of immunity to Hepatitis B was not available for seven clinical members of staff.

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 responding to medical and other emergencies.

Are services effective?

No action

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 commented how staff discussed treatment options and put them at ease before and during treatment. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice was selected to take part in the government's Dental Prototype Agreement Scheme, to trial a new NHS dental contract that aims to offer a new way of providing dental care, with an increased focus on disease prevention.

The practice was involved in 'Starting Well' which is a national initiative in 13 high priority areas to improve oral health in children under the age of five years.

The practice offered dedicated nurse-led fluoride varnish clinics three evenings a week. These were run by dental nurses with additional training in oral hygiene and fluoride varnish.

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.

The staff were involved in quality improvement initiatives such as good practice certification scheme and peer review as part of its approach in providing high quality care.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, friendly and professional.

They said that they were given preventative advice and helpful, honest 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.

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

The provider had installed a closed-circuit television system, (CCTV), in the reception area. A privacy impact assessment was not in place to ensure the images were accessed and stored in line with the Information Commissioner's office (ICO) guidelines.

Are services responsive to people's needs?

No action 

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

The practice's booking system took account of patients' needs. They monitored the availability of appointments and offered early morning and late evening appointments. 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 was in the process of securing access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice was part of a local scheme to provide urgent dental care one day per week to patients who did not have a dentist.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action 

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice planned its services to meet the needs of the practice population and participated in local initiatives to improve the oral health of the locality.

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

The practice had an embedded culture of learning and improvement and valued the contributions made to the team by individual members of staff.

Summary of findings

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. Clinical meetings were held to review the outcomes of these and any new guidance to ensure consistent high standards of care.

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse and we saw evidence that these had been followed where concerns had arisen. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC for safeguarding referrals as staff were not aware.

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

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where 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 had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover.

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were installed throughout the premises and regularly tested. Firefighting equipment, such as fire extinguishers, were regularly serviced and staff received training on emergency evacuation procedures.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file, including evidence of registration with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for each X-ray unit were available in line with the current regulations.

The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional image of these.

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

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. Two of the dental nurses had received additional training to take X-rays.

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and

was updated regularly. A safer needle system was in use and staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles and dental matrices where necessary, to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and we saw evidence where these had been followed. Staff were aware of the importance of reporting any inoculation injuries.

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. Evidence of immunity to Hepatitis B was not available for seven clinical members of staff. The practice manager confirmed this would be obtained and risk assessments carried out without delay.

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 of these to make sure these were available, within their expiry date, and in working order. We noted that Glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. This was brought to the attention of the practice manager to review.

A dental nurse worked with the dentists and the dental hygiene therapists 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 (IPC) 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. The lead dental nurse was the IPC lead. They were undergoing additional training to support them in this role. 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 which was reviewed annually. All recommendations had been actioned and records of water quality testing and dental unit water line management were in place. At the time of the inspection, equipment in one of the surgeries was in the process of being replaced. The practice manager gave assurance that a new Legionella assessment would be carried out upon completion of the work.

We saw cleaning schedules for the premises. The practice was visibly clean and tidy when we inspected. Patients commented on the high standards of cleanliness and hygiene they observed.

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

The practice carried out infection prevention and control audits twice a year. The latest audit 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. The clinicians used templates required by the pilot prototype contract. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Are services safe?

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 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. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

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

Staff knew the importance of reporting any incident, accident or untoward event. There were clear systems for staff to report these. We discussed and reviewed the records for the incidents that had occurred during the last 12 months. These were investigated, well documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team, discussed at meetings and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice offered dental implants. These were placed by a visiting dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. Clinical discussions and meetings were held frequently to discuss clinical cases, patient care records and the results of audits. They were also a member of a 'good practice' certification scheme.

The practice was a foundation training practice. New graduates work in approved practices and are employed as foundation dentists by General Dental Practitioners who are selected and appointed as educational supervisors. The practice currently had two foundation dentists and a foundation dental hygiene therapist. Weekly tutorials were provided by their educational supervisors. The foundation dentists told us they were well supported in the practice.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. The practice offered dedicated nurse-led fluoride varnish clinics three evenings a week. These were run by dental nurses with additional training in oral hygiene and fluoride varnish which is applied under the prescription of a dentist.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice participated in national oral health campaigns and was aware of local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary. The practice was involved in 'Starting Well' which is a national initiative in 13 high priority areas to improve oral health in children under the age of five years. Staff attended local meetings and forged relationships with other healthcare professionals involved in the Blackburn and Darwen programme. They visited schools, nurseries and mother and baby groups to deliver evidence-based preventive advice and encourage early attendance at the dentist.

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

Patients were recalled at more frequent intervals for interim care appointments where appropriate. Interim care is preventative care provided as part of the pilot care pathway approach. For example, to provide advice on home care, tooth brushing and oral hygiene, or preventive advice and treatment such as a scale and polish or fluoride varnish application.

The practice was selected to take part in the government's Dental Prototype Agreement Scheme, to trial a new NHS dental contract that aims to offer a new way of providing dental care, with an increased focus on disease prevention.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients treatment plans and 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 had received training and demonstrated they 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 may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, some of the staff had specific roles and responsibilities and we saw staff had access to suitable supervision and support for these. Two dental nurses had completed additional training in radiography, eight dental nurses had additional training in oral hygiene and the application of fluoride varnish and two had received training to take dental impressions.

Staff new to the practice had a period of induction based on a structured role-specific programme and competency checks. Staff confirmed their induction had supported them well during their first weeks at the practice. 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 and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. For example, by providing training and encouraging discussion during themed meetings. The practice monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to support their learning.

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 welcoming, friendly and professional.

We saw that staff treated patients with dignity and respect and helped patients feel relaxed in the practice prior to treatment. Staff 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.

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 privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff 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.

The provider had installed a closed-circuit television system, (CCTV), in the reception area. We saw that notices were displayed to inform people that CCTV was in use to protect the premises. A privacy impact assessment was not in place to ensure the images were accessed and stored in line with the Information Commissioner's office (ICO) guidelines. The practice manager assured us this would be addressed.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

principles of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

The practice manager was in the process of identifying an appropriate company to provide translation and interpretation services for patients who did not understand or speak English, and patients who communicated in British Sign Language.

Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice provided information in their waiting rooms, practice information leaflet and on the website about the range of, and costs for private and NHS dental treatments available.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient or relative to help them better understand the diagnosis and options for 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.

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. For example, patient notes were flagged if they were unable to access the first-floor surgeries or if they required any assistance during their appointment. Baby changing facilities were provided on the ground floor.

The practice had made reasonable adjustments for patients with disabilities in line with a disability access audit. These included step-free access, a selection of reading glasses, a magnifying glass and accessible toilet with hand rails, a call bell. A low-level doorbell and grab rails had been installed at the entrance to the practice and patients with wider wheelchairs could access the premises from the rear entrance.

Patients could choose to receive text messages and emails for forthcoming appointments. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Staff telephoned some patients before 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.

The practice had an appointment system to respond to patients' needs. They monitored the availability of appointments and reserved gaps in the diaries for urgent and non-urgent care to ensure patients could return for further treatment or checks as recommended by the dentist. Early morning and late evening appointments were also available.

Patients who requested urgent advice or care were offered an urgent 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.

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.

In addition, the practice was part of a local scheme to provide urgent dental care one day per week to patients who did not have a dentist. The practice manager told us they had a good working relationship with the central appointment office who were responsible for booking patients and providing information to the practice.

Listening and learning from concerns and complaints

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

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

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

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

We looked at comments, compliments and complaints the practice received in the last 12 months.

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

Are services responsive to people's needs?

(for example, to feedback?)

Compliments and positive reviews of the service were shared with the team and highlighted at staff meetings.

Are services well-led?

Our findings

Leadership capacity and capability

We found leaders 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. They ensured that staff with additional training used these skills effectively to deliver care to patients.

Vision and strategy

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and participated in local initiatives to improve the oral health of the locality.

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.

The practice focused on the needs of patients.

We saw the provider had systems to identify and deal with poor performance.

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

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

Governance and management

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

The principal 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 with support from staff in lead roles. 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 practice used verbal comments and online reviews to obtain patients' views about the service.

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 contribute to the meeting agenda and offer suggestions for improvements to the service and said these were

listened to and acted on. Themed meetings were used to provide team training and discussions. For example, recent meetings were held where sepsis and consent were the themes.

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, periodontal assessments and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Clinical meetings were held to review the outcomes of these and any new guidance to ensure consistent high standards of care. For example, the clinicians had recently discussed new national guidance on the classification of periodontal conditions from the British Society of Periodontology.

The practice had an embedded culture of learning and improvement and valued the contributions made to the team by individual members of staff. They provided pleasant facilities for staff to relax including a staff lounge and seating in the garden.

At the time of the inspection, one of the surgeries was being renovated. This was planned to take place during a dentist's annual leave to avoid disruption to staff and patients.

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. The educational supervisors attended regular seminars and courses to enable them to support the foundation dentists as necessary.

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.