Alrewas Dental Practice Limited

Alrewas Dental Practice Ltd

Inspection Report

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Ratings

Overall rating for this service	No action ✓
Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive?	No action ✓
Are services well-led?	No action ✓

Overall summary

We carried out this announced inspection on 9 September 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?

Summary of findings

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

Alrewas Dental Practice is in Alrewas, Staffordshire and provides private dental treatment to adults and children.

A portable ramp is used to gain access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes one dentist, four dental nurses and one dental hygiene therapist. All dental nurses also work as receptionists. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Alrewas Dental Practice is the principal dentist.

On the day of inspection, we received feedback from 42 patients.

During the inspection we spoke with the principal dentist and three dental nurses, one of whom was working on reception. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Friday 9am to 5pm, Tuesday 9am to 7pm and Thursday 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 provided preventive care and supported 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 patients for feedback about the services they provided.
- The provider had systems in place to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe? We found that this practice was providing safe care in accordance with the relevant regulations.	**No action** ✓
Are services effective? We found that this practice was providing effective care in accordance with the relevant regulations.	**No action** ✓
Are services caring? We found that this practice was providing caring care in accordance with the relevant regulations.	**No action** ✓
Are services responsive to people's needs? We found that this practice was providing responsive care in accordance with the relevant regulations.	**No action** ✓
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations.	**No action** ✓

Are services safe?

Our findings

We found that 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 a safeguarding file which had useful information, policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. A copy of the adult and child protection policy was on also display in the staff room for ease of access. Contact details for reporting adult and child safeguarding concerns were available to staff. We were told that these details were checked on an annual basis to ensure they were correct and we saw that a review date was recorded. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff were aware who the safeguarding lead was at the practice and said that they would speak with them about any safeguarding concerns. The practice had developed a notifications policy which recorded what should be notified to the CQC, this included reporting safeguarding concerns.

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 had a whistleblowing policy. This included contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. Staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment, evidence was available in dental care records to demonstrate this. The practice were using latex rubber dam and did not have a non-latex version available. A risk assessment was available regarding the use of latex.

The principal dentist had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. This included emergency contact details and the name of a dental practice that could be used if this practice had to close temporarily.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation and contained links to relevant legislation and guidance. The recruitment policy was regularly reviewed and dated to demonstrate this. Separate policies were available regarding recruitment and selection and handling disclosure and barring search certificates. Copies of standardised documentation to be used in the recruitment process were available for use.

We looked at six staff recruitment records. These showed the provider followed their recruitment procedure. Disclosure and barring service (DBS) checks had been completed for all staff. Records seen did not demonstrate the level of the check undertaken. The principal dentist told us that these were all enhanced checks. Staff signed an annual declaration to confirm that there had been no changes that would warrant a further DBS check.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw evidence to demonstrate that a new gas boiler had been purchased and a gas safety certificate was available dated December 2018. An electrical five-year fixed wiring safety certificate was also available dated September 2019. Evidence was available to demonstrate that portable electrical appliances were tested regularly. The date of the last test was June 2019.

Records showed that fire firefighting equipment was regularly tested and serviced. Fire extinguisher checks were carried out by staff at the practice monthly and a log was kept demonstrating this. Fire extinguishers were serviced annually by an external company. Records were available to demonstrate that fire drills were conducted on a quarterly basis.

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

Are services safe?

We saw evidence that the dentist 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 (CPD) in respect of dental radiography. We saw evidence of update training completed in 2018.

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. A fire risk assessment and a practice health and safety risk assessment had been completed in April 2019. Various other risk assessments had been completed as required, for example a risk assessment for the use of a latex rubber dam and a risk assessment for hepatitis B non-immunised or non-responder staff.

The provider had current employer's liability insurance dated April 2019.

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. The dentist was not using a safer sharps system but confirmed that they were responsible for use and disposal of all sharp objects. Staff had received training and a sharps policy was available.

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. Records to demonstrate immunity to the hepatitis B virus were not available for one newly employed member of staff. The principal dentist had taken appropriate action and completed a risk assessment for this staff member. Restrictions on working practices were in place to protect the staff member. These would be reviewed when the required information was available at the practice. This staff member attended the occupational health department on the day of inspection to obtain the serology report to demonstrate the effectiveness of the vaccination.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. We were told that scenario training was also completed during staff meetings.

Emergency equipment and medicines were available as described in recognised guidance. However, we noted that the tubing used to attach to the portable suction machine was missing. We were told that this would be ordered immediately. Within 48 hours of this inspection we were sent evidence to demonstrate that the missing tubing for the portable suction was available at the practice.

We found staff kept records of their checks of emergency medicines and equipment to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist and the dental hygiene therapist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. There were sufficient numbers of suitably qualified staff. All dental nurses also worked on the reception desk and we were told that there was a sufficient number of staff to cover annual leave or sick leave as required.

The principal dentist had a policy regarding control of substances hazardous to health. This stated that the dentist was to make an assessment of all substances within the practice which were potentially hazardous including those labelled as dangerous. Safety data sheets were available for all products in use at the practice. A risk assessment had been completed and included information regarding, for example, disinfectants, solvents, cleaning products, bodily fluids and x-ray chemicals. The practice had worked in accordance with their policy but had not completed an individual risk assessment for each product in use at the practice. Individual risk assessments would enable the provider to easily include new products to the risk process.

The provider had an infection prevention and control policy and procedures which had been reviewed on a regular basis. 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 sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Tests completed on the ultrasonic bath were not

Are services safe?

effective. The principal dentist confirmed that they would review test procedures to ensure they were being completed in line with manufacturer's guidance. Within 48 hours of this inspection we were sent evidence to demonstrate that changes had been made to the way in which these tests were completed and evidence recorded in line with manufacturer's guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was 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 was completed in April 2019. There was evidence to demonstrate that some but not all the recommendations had been actioned, for example staff training regarding legionella was recommended as was testing of water by an external company. Records of water temperature checks and dental unit water line management were in place. Within 48 hours of this inspection we were sent evidence to demonstrate that dip slide test kits had been purchased (a test for the presence of microorganisms in liquids). The use of dip slides had been agreed with the company who completed the legionella risk assessment. These tests were to be completed by staff at the practice and negated the necessity of water testing by an external company.

Practice staff completed all cleaning and recorded this on cleaning schedules. This included a weekly "deep clean". The practice was visibly clean when we inspected.

Information regarding clinical waste segregation and storage was included within the infection prevention and control policy. We saw that clinical waste was appropriately and securely stored in line with guidance. Waste consignment notes were available and we saw a copy of the waste acceptance audit dated November 2018.

The principal dentist was the infection control lead. Infection prevention and control audits were carried out twice a year. The latest audit dated July 2019 showed the practice was meeting the required standards.

We discussed sepsis management and identified that sepsis management had been discussed at a practice meeting. Systems were in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. Information produced by the Sepsis Trust was on display on the noticeboard in the staff room.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

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.

We saw that private prescriptions were securely stored. A log was kept on the computer of all prescriptions used, but the practice had not introduced a system of prescription tracking and it would be difficult to identify if any prescriptions were missing. This was discussed with the principal dentist who confirmed that they would address this immediately. Within 48 hours of the inspection we were sent evidence to demonstrate that the tracking and logging systems had been improved to help ensure all prescriptions could be accounted for.

The dentist was aware of current guidance with regards to prescribing medicines.

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

Track record on safety, and lessons learned and improvements

Are services safe?

There were comprehensive risk assessments in relation to safety issues. Systems were in place to enable staff to monitor and review incidents. This would help staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents. There were adequate systems for reviewing and investigating when things went wrong. The practice had an accident book and a policy and reporting forms in accordance with the reporting of injury disease or dangerous occurrence regulations (RIDDOR). We were told that there had been no RIDDOR incidents at the practice.

There was 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. A significant event form was completed for any alert that was potentially relevant to the practice and appropriate action taken and information recorded as necessary.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep the dental practitioner 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 carried out some private orthodontic treatments. We reviewed some patient dental care records and identified that prior to any treatment the patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment. An assessment was carried out prior to treatment.

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 which was in accordance with national guidance. During discussion with the principal dentist we noted that aseptic techniques such as the use of sterile drapes, gowns and gloves were not being followed whilst placing dental implants. We were told that standard cross-infection protocols were followed.

Staff had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

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

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentist/clinician 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.

Staff were 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 dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients would also be referred to the dental hygiene therapist who worked at the practice.

Records showed 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

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 dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Written treatment plans with costs were given to all patients and a copy scanned on to patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We were told that everything was explained and options were always discussed.

Staff had received training on 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 practice had developed a policy regarding adults who lack capacity as a guide for staff. Staff we spoke with showed an understanding of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Details of independent Mental Capacity Advocacy services were available as well as a policy regarding adults who lack capacity. The practice had a physical intervention policy which included information regarding consent and capacity to consent. We were told that physical intervention would not be used, patients would be referred to other services as required.

Are services effective?

(for example, treatment is effective)

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 dentist assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. Completed induction checklists were available for review. Induction records seen had not been signed by the person completing or receiving the induction training. There was no evidence to demonstrate that the staff member had received and understood the training or been deemed competent. The member of staff most recently employed told us that the induction process provided them with all the information they needed and included reading policies and procedures and completing some training such as decontamination. We were told that everyone was friendly and helpful and they would not hesitate to ask if they were unsure of anything. Within 48 hours of this inspection we were sent a copy of an amended induction training template which included space for a signature of the person completing and receiving the induction training. 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. Personal development plans were completed by staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

The provider 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 was using an online system for referrals which enabled them to check the status of any referral to an NHS service they had made. Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. We observed staff speaking with patients over the phone and in the reception area in a kind and caring manner.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were polite, efficient and caring. We saw that staff treated patients with empathy, dignity and respect. Staff appeared to know patients well and spent time chatting to them to make them feel relaxed.

Patients said staff were compassionate and understanding. Patients commented that they were treated with courtesy and kindness and all staff were efficient and professional.

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

An information folder was available on the reception desk for patients to read. This included information regarding staff professional registration, a copy of the practice information leaflet, infection prevention and control statement, employer's liability certificate, complaints procedure, stop smoking and other useful information.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity. Staff told us that they took their time chatting to patients. We saw that staff were friendly, attentive and kind.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff said that they tried to ensure that appointments were appropriately spaced so that patients were not kept waiting and there was not lots of patients sitting waiting to see the dentist. 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. Treatment room doors were closed when the dentist was seeing patients.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff discussed the methods they used to communicate with patients in a way that they could understand. We were told that there was no hearing loop to assist patients who were hearing impaired and no reading glasses or magnifying glass for patients who were visually impaired. Staff said that they could print information in a larger font and were always available to read and explain things to patients.

Staff gave patients clear information to help them make informed choices about their treatment. A plan outlining the proposed treatment was given to each patient so they were fully aware of what the treatment entailed and its cost. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. This included information sheets regarding, for example oral hygiene advice, root canal treatment, orthodontic treatments and dentures. Post-operative instructions were also available on the website.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray

Are services caring?

images and an intra-oral camera. The intra-oral cameras 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 that 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 on the importance of emotional support needed by patients when delivering care.

Staff discussed the actions they took to try and make nervous patients feel relaxed. This included chatting to them to make them feel at ease. Patients could bring a friend or relative with them to their appointment. Staff were aware of anxious patients and were able to put a note on their records to inform the dentist, this helped to ensure that the dentist could see them as soon as possible after they arrived. Longer appointments could be booked for anxious patients so that the dentist could take their time and talk through any procedure. Multiple appointments could also be booked, patients were encouraged to visit and have a look around the practice and meet staff.

We were told that the practice was flexible and tried to meet the needs of all their patients including those with autism, learning difficulty or dementia. This often meant that appointments were moved slightly during the day to accommodate the needs of these patients. Magazines were available in the waiting room for patients to read and patients could have a drink from the water dispenser. Staff said that they could make patients a hot drink if requested.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice did not provide a hearing loop to assist those patients with hearing difficulties and there was no reading glasses or magnifying glass to assist those with sight difficulties. Staff discussed the methods they used to communicate with patients who had either a sight or hearing impairment. This included writing down information, printing off in larger print or reading and explaining information to patients.

A disability access audit had been completed in April 2019, this identified that due to the limitations of the building there was no disabled access toilet. There was a small step to gain access to the building and a portable ramp was used for patients with mobility difficulties. The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff said that they knew their patients well and had a note on patient's records so that they could put the portable ramp in place before the patient arrived at the practice. The entrance door was clearly visible from the reception desk and staff said that they always provided assistance when required.

We heard a member of staff telephone a patient who had been treated at the practice the day prior to this inspection. We were told that this was standard practice and a courtesy call was made to all patients following any lengthy treatment or extraction. Patients received a phone call reminder two days prior to their appointment.

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. Patients who requested an urgent appointment were offered an appointment the same day. Staff said that they would suggest the best time of the day for the patient to attend so that they could be seen quickly. 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. Staff said that appointments generally ran on time, but they would tell patients if the dentist was running late.

The staff took part in an emergency on-call arrangement with the 111 out of hours service and were part of the South Staffs Emergency Rota which operated between 6pm to 9pm each week night and 10am to 6pm at the weekend. The principal dentist could also be contacted to give advice over the telephone.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working

Are services responsive to people's needs?

(for example, to feedback?)

day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The principal dentist took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. A copy of the complaints policy was available in the patient information folder which was available on the reception desk.

The principal dentist was responsible for dealing with complaints. Staff said that they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

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

We were told that the practice had not received any verbal or written complaints. There was no formal method of recording or logging complaints received. We discussed this with the principal dentist who confirmed that they would develop a complaint log and complaint forms for use in future should a complaint be received.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist demonstrated they 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.

Staff said that the principal dentist was visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values. The practice aims and objectives were set out in the practice Statement of Purpose and included:

- To understand and exceed the expectations of our clients
- To both motivate and invest in our team and acknowledge their value
- To encourage all team members to participate in achieving our aims and objectives
- To clearly set and monitor targets in all areas
- To be accountable for individual and team performance
- To support each other in achieving patient expectations
- To maintain the highest professional and ethical standards
- To rapidly respond to the needs of our team and our patients
- To ensure staff are trained and competent through investment and personal development.

A copy of the statement of purpose was available in the patient information folder.

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 and said that they worked hard to provide high quality care to patients. Staff told us that a lot of patients had been registered at the practice for many years. Patients commented that the practice provided an excellent service and first-class care. We were also told that patients had recommended the practice to friends and family.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. The principal dentist was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Staff said that this was a very open, honest practice, staff were encouraged to raise issues, concern and own up to any mistakes made. The practice had a Duty of Candour policy.

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 and was responsible for the day to day running of the service. The principal dentist held the majority of lead roles with the head nurse holding a few. 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.

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 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 high-quality sustainable services.

Are services well-led?

The provider used patient surveys, a comments box and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had requested later opening times. This was given consideration and the practice now offered extended opening hours on a Tuesday until 7pm.

We were told that the results of patient satisfaction surveys were discussed at practice meetings. We were shown a patient questionnaire audit completed in 2018. We saw that 40 responses were received and all would recommend the practice. Positive feedback was obtained by the practice.

The provider 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 provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, oral cancer and significant events. 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. We saw that monthly practice meetings were held; however, they did not keep minutes of these meetings. We were shown agendas which recorded items for discussion. Staff confirmed that monthly meetings were held and said that they were informative and they were able to raise issues, suggestions for change and these meetings often included an element of training. The principal dentist told us that minutes would be recorded for all future meetings. Within 48 hours of this inspection we were sent a new agenda template which included a section to review the minutes of the previous meeting.

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.