

Holywell House Orthodontics Limited

Holywell House Rugby

Inspection Report

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Date of inspection visit: 6 November 2018
Date of publication: 28/11/2018

Overall summary

We carried out this announced inspection on 6 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Holywell House Rugby provides NHS and private orthodontic treatment to adults and children. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

Summary of findings

In addition to this the practice accepts NHS and private minor oral surgery referrals, private endodontic referrals and private periodontal referrals for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the streets near to the practice.

The dental team includes seven dentists with the following specialisms; two orthodontists, one dentist with a special interest in orthodontics, two oral surgeons, one dentist with a special interest in endodontics and one dentist with a special interest in periodontology. These are supported by one orthodontic therapist, ten dental nurses, two receptionists, one administrator, one administrative manager, one clinical manager and a business manager. The practice has three treatment rooms.

The practice is part of a group of four practices which are 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 Holywell House Rugby is the business manager.

On the day of inspection, we collected 14 CQC comment cards filled in by patients and looked at recent patient satisfaction survey responses.

During the inspection we spoke with one dentist who is a specialist orthodontist, two dental nurses, one receptionist, one clinical manager and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9am to 5pm.

Tuesday from 9am to 5pm.

Wednesday from 9am to 6pm.

Thursday from 9am to 5pm.

Friday from 9am to 3pm.

Occasional Saturdays from 8am to 3pm.

Our key findings were:

- Strong and effective leadership was provided by the management team which included the principal dentist, business manager, clinical manager and the administrative manager. Staff felt involved and supported and informed us this was a good place to work.
- The practice appeared clean and well maintained. Cleaning schedules were in place and the standard of cleaning was audited monthly by the clinical manager.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of the oxygen cylinder which was smaller than recommended by the resuscitation guidelines. The correct size cylinder was immediately ordered following our visit.
- The practice had systems to help them manage risk to patients and staff.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Several team members including the safeguarding lead were trained to level three in safeguarding.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health. Several dental nurses had completed oral health education training to support patients with oral health and tooth brushing advice.
- The appointment system met patients' needs.
- The practice had a strong culture of continuous improvement and development.
- The practice asked staff and patients for feedback about the services they provided. Results of feedback were analysed and discussed at staff meetings to share learning. Thank you cards were on display in the waiting room.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found 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 and complaints to help them improve. We found that these were standing agenda items at regular practice meetings.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Several team members including the safeguarding lead were trained to level three in safeguarding.

Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice.

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. Appropriate medicines and life-saving equipment were available with the exception of the oxygen cylinder which was smaller than recommended by the resuscitation guidelines. The correct size cylinder was immediately ordered following our visit.

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 great, gentle and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. In addition to the orthodontic referral service the provider had expanded services to accommodate specialist referral services such as endodontics, periodontics and minor oral surgery.

The practice had a strong culture of continuous improvement and development. All the team members had access to online and in-house training as recommended by the General Dental Council (GDC). In addition to this the provider funded and supported staff members to complete extended duty dental nurse qualifications such as radiography, scanning technician, impression taking and oral health education.

The staff were involved in quality improvement initiatives such as the British Dental Association (BDA) good practice membership. This was a quality assurance programme used to demonstrate the practice was working to high standards of good practice on professional and legal responsibilities.

No action



Summary of findings

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

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 14 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, wonderful and friendly. We viewed many thank you cards from appreciative patients that were on display in the waiting room which commented on the excellent and caring service they had received.

We were told that all the staff were very welcoming and friendly and the facilities were lovely and clean. Patients commented they were seen on time and received a top-class service.

They said that they were given full explanations of treatment options 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. During the inspection we saw staff showed a caring and respectful attitude towards patients.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly in the event of a broken appliance or problem with a brace. The practice offered extended hours appointments opening late every Wednesday and some Fridays until 6pm. Occasional Saturday morning appointments were also available from 8am to 3pm for patients preferring not to attend during the week.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints procedure in the patient waiting room and on their website.

No action



Are services well-led?

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

The practice was part of a group of four practices which was owned by the principal dentist. Strong and effective leadership was provided by the management team which included the principal dentist, business manager, clinical manager and the administrative manager. Staff worked across all practices and had comprehensive handover processes in place to support this. Staff felt involved and supported and informed us this was a good place to work.

No action



Summary of findings

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.

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

The practice 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. The practice proactively sought feedback from staff and patients, which it acted on and shared among all the practices to improve its services.

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training, several team members including the safeguarding lead were trained to level three in safeguarding. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

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

A specialist endodontist worked at the practice and treated patients on a private basis upon referral. They used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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 six staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

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.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography. Local rules for each machine were on display in line with the current regulations. The provider used digital X-rays and had a rectangular collimator fitted to the intra-oral X-ray machine to reduce the dose of radiation received by patients.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The latest audit completed in September 2018 showed that radiographs taken were of good quality.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. Several of the dental nurses had been supported by the provider to complete radiography qualifications.

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 up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in the practice.

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

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The latest training was completed in September 2018.

Appropriate medicines and life-saving equipment were available with the exception of the oxygen cylinder which was smaller than recommended by the resuscitation guidelines. The correct size cylinder was immediately ordered following our visit. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The practice had detailed information relating to COSHH. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. These were well organised and easy for staff to access when needed.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment which had been completed in October 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises, the standard of cleaning was audited monthly by the clinical manager. The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The latest audit completed in October 2018 achieved a result of 100% which demonstrated that the practice was meeting the required standards.

Information to deliver safe care and treatment

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

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

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

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

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.

Track record on safety

The practice had a good safety record.

Are services safe?

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents, we found that these were standing agenda items at regular practice meetings. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been two safety incidents. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff at practice meetings, acted on and stored for future reference. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice was a referral clinic for orthodontic treatments. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment was provided under NHS referral for children, except when the problem fell below the accepted eligibility criteria for NHS treatment. Private treatment was available for these patients as well as adults who required orthodontic treatment.

In addition to the orthodontic referral service the provider had expanded services to accommodate specialist referral services such as endodontics, periodontics and minor oral surgery. The practice had access to cameras and microscopes to enhance the delivery of care. For example, one of the dentists had a special interest in endodontics, (root canal therapy). The dentist used a specialised operating microscope to assist with carrying out root canal treatment. The dentist saw private patients requiring endodontic treatment on referral from local general dental practitioners.

The staff were involved in quality improvement initiatives such as the British Dental Association (BDA) good practice membership. This was a quality assurance programme used to demonstrate the practice was working to high standards of good practice on professional and legal responsibilities.

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 dental nurses gave oral hygiene education which included tooth brushing techniques and dietary advice using models, visual displays and following the 'tell, show, do' technique to enhance patient understanding.

The dentists 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 orthodontists provided patients with specific details on how to look after the orthodontic braces to prevent problems during treatment. Patients were given details of dental hygiene products suitable for maintaining their orthodontic braces; these were available for sale in reception. These included disclosing tablets that could be used to help patients improve cleaning the areas of their teeth that are hard to reach due the fitted braces.

There was a specialist periodontologist who provided private periodontal treatments for patients upon referral from local general dental practitioners. Periodontologists specialise in the prevention, diagnosis and treatment of supporting structures of teeth, as well as diseases and conditions that affect them. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

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

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

Effective staffing

The practice had a strong culture of continuous improvement and development. Team members all had access to online and in-house training as recommended by the General Dental Council (GDC). In addition to this the provider funded and supported staff members to complete extended duty dental nurse qualifications such as radiography, scanning technician, impression taking and oral health education.

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 practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. There were minimal outgoing referrals due to the variety of specialisms available within the practice.

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. The practice was a referral clinic for orthodontics, minor oral surgery, endodontics and periodontics. They monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.

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 helpful, wonderful and friendly. During the inspection we saw staff showed a caring and respectful attitude towards patients.

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

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

Information folders, patient survey results and thank you cards were available for patients to read. We viewed many thank you cards from appreciative patients that were on display in the waiting room which commented on the excellent and caring service they had received.

We were told that all the staff were very welcoming and friendly and the facilities were lovely and clean. Patients commented they were seen on time and received a top-class service.

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 they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Due to being an orthodontic clinic the treatment rooms were not completely private, but were segregated by high partitions providing visual privacy however conversations could be overheard.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (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 have English as a first 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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of specialist treatments available at the practice upon referral.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and the 'Tell, show, do' technique. The microscope with a camera 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

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. Due to being a referral practice any adjustments or specific patient needs were highlighted on the incoming referrals to ensure that the practice could make appropriate provision.

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

The practice, currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a lowered area of the reception desk for wheelchair users and an accessible toilet with hand rails.

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

All patients that had opted to receive appointment reminders by email were sent these the day before their appointment. In addition to this all patients attending for long appointments received a courtesy reminder call the day before their appointment.

Timely access to services

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

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website. The practice offered extended hours

appointments opening late every Wednesday and some Fridays until 6pm. Occasional Saturday morning appointments were also available from 8am to 3pm for patients preferring not to attend during the week.

The practice was committed to seeing patients experiencing discomfort or problems with their braces on the same day. The practice information leaflet, signage on the outside of the practice and the answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice 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. A copy of the complaints procedure was available for patients to read in the waiting room.

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

The business 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 within the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders 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. Several team members had been developed and supported into achieving managerial roles within the organisation with additional responsibility.

Vision and strategy

There was a clear vision and set of values. The practice ethos was to provide the highest standard of patient centred care. The practice had a realistic strategy and supporting business plans to achieve priorities.

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 provider organised away days every 18 months to facilitate staff development and team building. The business manager identified an employee of the month for staff that had gone above and beyond and rewarded them with a gift.

The practice focused on the needs of patients.

Leaders and managers took effective action to do 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 were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

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

The principal dentist and clinical manager had overall responsibility for the management and clinical leadership of the practice. The administrative manager and business manager were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. All staff had completed information governance training.

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 patient surveys, suggestion cards, verbal comments, staff surveys and appraisals to obtain staff and patients' views about the service. There was a 'happy book' in the reception to encourage for children to give feedback. We saw examples of suggestions from staff the practice had acted on. For example, staff nominated the employee of the month following staff feedback.

The practice regularly used their own patient satisfaction surveys to seek feedback and gather possible improvement ideas from patients. They had collated the results from the latest orthodontic survey which had been completed in October 2018. The results showed that 100% of patients felt

Are services well-led?

that information sent to them before their visit was good or excellent, 100% of patients said that their first impressions of the practice were good or excellent and 100% of patients found the dental nurses to be helpful.

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. We saw that results from the survey in September 2018 showed that 100% of the 41 respondents were likely to recommend the practice to a friend or family member.

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

Continuous improvement and innovation

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 and business manager 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 General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.