

Mr. Patrick Holmes

Seven Fields Dental Health Centre Ltd

Inspection Report

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Overall summary

We carried out this announced inspection on 18 September 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

Seven Fields Dental Health Centre Ltd is in Swindon and provides private treatment to adults and children. There are two services provided by two different providers at this location. This report only relates to the provision of general dental care and specialist services provided by Dr

Summary of findings

Patrick Holmes. An additional report is available in respect of the general dental care and orthodontic service which is registered under the provider Dr Dominic Killian.

There is level access for people who use wheelchairs and those with pushchairs. The building had been renovated to include a lift to the first floor to enable full access to the facilities for patients in wheelchairs. Car parking spaces, including provision for blue badge holders, are available in the dedicated practice car park.

The dental team includes four dentists one of whom is an implantologist, one specialist endodontist, one specialist periodontologist, three dental nurses who are also trained as receptionists, two dental hygienists, one receptionist, one building manager who is a qualified dental nurse and the practice manager who is a qualified dental nurse. The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 46 CQC comment cards filled in by patients. Without exception patients were positive about the quality of the service provided by the practice. They gave examples of the positive experiences they had at the practice and told us the practice team were professional, caring and always involved them with their treatment options.

During the inspection we spoke with the principal dentist, two dental nurses, one dental hygienist, the building manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8.30am – 5.30pm

Tuesday 8.30am – 5.30pm

Wednesday 8.30am – 7pm

Thursday 8.30am – 5.30pm

Friday 8.30am – 3pm

Our key findings were:

- Strong and effective leadership was provided by the principal dentist, an empowered practice manager and the building manager. Staff felt involved and supported and informed us this was a good place to work.
- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance. On the day of our visit we found that there was no system for checking the temperature for the manual scrub water. This was rectified during our visit.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a paediatric ambu-bag which was immediately ordered. We found one medicine had not been stored in the fridge and the expiry date had not been adjusted to accommodate this. The expiry date was reduced in line with manufacturers guidance on the day of our visit.
- The practice had systems to help them manage risk to patients and staff. We found that the practice had not completed a five-year electrical fixed wire test, this was immediately scheduled following our visit.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details and flow charts were displayed in the practice manager's office.
- The provider had staff recruitment procedures although staff identification was not held on personnel files. This was rectified following our visit.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The provider renovated and moved to this premises in 2007 to expand and accommodate specialist services such as endodontics, dental implants, periodontics and orthodontics. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.
- 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. They routinely referred patients to their dental hygienists through a clear care pathway.

Summary of findings

- The appointment system met patients' needs. Patients could access treatment and urgent care when required.
- The practice asked staff and patients for feedback about the services they provided. Information from 46 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, professional and high-quality service.
- 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 audit protocols to ensure infection control audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. The practice had not completed a five-year electrical fixed wire test, this was immediately scheduled following our visit.

They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding contact details and flow charts were displayed in the practice manager's office.

Staff were qualified for their roles and the practice completed essential recruitment checks. We found that staff identification photos were not held on file in accordance with Schedule 3 of the Health and Social Care Act. This was rectified following our visit.

Premises and equipment were clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments. On the day of our visit we found that there was no system for checking the temperature for the manual scrub water. This was rectified during our visit. The practice completed infection prevention control audits annually rather than six monthly. The latest audit had been completed in April 2018 and we were informed that the practice would update their procedures and complete the next audit in October 2018.

The practice had suitable arrangements for dealing with medical and other emergencies. Appropriate medicines and life-saving equipment were available with the exception of a paediatric ambu-bag which was immediately ordered. We found one medicine had not been stored in the fridge and the expiry date had not been adjusted to accommodate this. The expiry date was reduced in line with manufacturers guidance on the day of our visit. The practice held antibiotics on site however these were not stored securely; this was immediately rectified.

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 excellent, life changing and exceptional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice were committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienists through a clear care pathway.

The provider renovated and moved to this premises in 2007 to expand and accommodate specialist services such as endodontics, dental implants, periodontics and orthodontics. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.

No action



Summary of findings

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

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. We saw examples of positive teamwork within the practice.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. In addition to this the practice had supported one dental nurse to complete a qualification on dental radiography.

Are services caring?

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

We received consistently positive feedback about the practice from 46 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very helpful, caring and highly skilled. Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice.

They said that they were given practical and achievable advice, and said their dentist listened to them. Many patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We were told that the atmosphere was calm and caring and the facilities were excellent and relaxing. Patients commented they never felt rushed and many had overcome their fear of dentistry since being seen at this practice.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. We observed reception team members supporting patients in a caring, helpful and empathetic manner.

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 if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The building had been renovated to include a lift to the first floor to enable full access to the facilities for patients in wheelchairs. There was an accessible toilet and a low-level area on the reception desk for wheelchair users.

The practice had access to telephone 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.

No action



Summary of findings

Are services well-led?

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

Strong and effective leadership was provided by the principal dentist, an empowered practice manager and the building manager. Staff felt involved and supported and informed us this was a good place to work.

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 patients, which it acted on to improve its services. The results from the most recent patient satisfaction survey were extremely positive.

No action



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. 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 recrimination.

A specialist endodontist worked at the practice and accepted in-house referrals. The dentists 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 also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice mostly followed their recruitment procedure. Staff identification (ID) had been checked during the recruitment process to obtain disclosure and barring service checks, however copies of ID had not been retained on personnel files in accordance with Schedule 3 of the Health and Social Care Act. This was rectified following our visit.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. This was monitored and funded by the practice for employed team members.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The practice had not completed a five-year electrical fixed wire test, this was immediately scheduled following our visit.

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.

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.

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

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff.

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.

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.

Emergency equipment and medicines were mostly available as described in recognised guidance, with the exception of a paediatric ambu-bag which was immediately ordered. We found one medicine which had not been stored in the fridge and the expiry date had not been adjusted to accommodate this. The expiry date was reduced in line with manufacturers guidance on the day of 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. A risk assessment was not in place for when the dental hygienists worked without chairside support. This was implemented and sent to us following the inspection.

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

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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. On the day of our visit we found that there was no system for checking the temperature for the manual scrub water. This was rectified during our visit. 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. 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 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 on an annual basis rather than six monthly in line with recognised guidance. The latest audit completed in April 2018 showed the practice achieved 96% and was meeting the required standards. We were informed that the practice would update their procedures and complete the next audit in October 2018.

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.

Are services safe?

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. However, we found that these were not all stored securely, this was immediately rectified.

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

Track record on safety

The practice had a good safety record.

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.

In the previous 12 months the practice had recorded 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.

There was a system for receiving and acting on safety alerts. Alerts were sent to a practice email address. We were informed that the practice manager received these and took action if any alerts were relevant to the dental setting. A log had not been maintained of alerts to show that they had been checked and any action taken as necessary.

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 provider renovated and moved to this premises in 2007 to expand and accommodate specialist services such as endodontics, dental implants, periodontics and orthodontics. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.

Dental implants were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

There was a specialist endodontist that provided root canal therapy treatment for patients within the practice. The endodontist used a specialised operating microscope to assist with carrying out root canal treatment. They also provided advice and guidance on endodontics to the other dentists in the practice.

The dentists referred in house to an orthodontist who was based within the practice and registered with CQC separately. 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.

The practice had access to intra-oral cameras and microscopes to enhance the delivery of care.

Helping patients to live healthier lives

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

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

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

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

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

In addition to the dental hygienists there was a specialist periodontologist who provided periodontal treatments for patients at the practice. Periodontologists specialise in the prevention, diagnosis and treatment of supporting structures of teeth, as well as diseases and conditions that affect them.

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

Are services effective?

(for example, treatment is effective)

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

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

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice had been purchased and renovated to ensure space for the following specialists: implantologist, periodontologist, endodontist and orthodontist.

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.

Dentists confirmed they referred patients to specialists in primary and secondary care if they needed treatment the practice did not provide. There were minimal outgoing referrals due to all of the specialisms available within the practice.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial 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.

The practice was a referral clinic for implants, endodontics and periodontics and 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 very helpful, caring and highly skilled. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

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

Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice.

We were told that the atmosphere was calm and caring and the facilities were excellent and relaxing. Patients commented they never felt rushed and many had overcome their fear of dentistry since being seen at this practice.

Information folders, information leaflets and thank you cards were available for patients to read.

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.

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 requirements under the Equality Act

- 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.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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 treatments available at the practice.

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, an intra-oral camera and using the 'Tell, show, do technique'. The intra-oral cameras and 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.

The practice manager and building manager shared examples of how the practice met the specific needs for several patients and we were shown thank you cards from patients and family members to support this.

Patients described exceptionally 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. This included meeting patients at the front door and adjusting treatment when patients presented with medical conditions.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, automatic doors to the reception and one of the waiting rooms, a lift, reading glasses, a lowered reception desk and an accessible toilet.

A Disability Access audit had been completed in May 2018 and an action plan formulated in order to continually improve access for patients.

Staff telephoned some older patients on the morning of their appointment to make sure they could get to the practice. All patients that had opted to receive text message appointment reminders were sent these two days before appointments in addition to email reminders that were sent one week prior to appointments.

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 early Monday to Friday from 8.30am and late on Wednesday to 7pm. Saturday morning appointments were also available every sixth week for patients preferring not to attend during the week.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that requested an urgent appointment were seen the same day and zoned appointment diaries to ensure several appointments were free for same day appointments. 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 made their own arrangements to provide an emergency on call service for their patients. During holiday periods they had an arrangement with a local practice to cover any on call service.

The practices' website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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.

Are services responsive to people's needs?

(for example, to feedback?)

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

The principal dentist 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.

Vision and strategy

There was a clear vision and set of values. 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 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 had overall responsibility for the management and clinical leadership of the practice. The

practice manager and building 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.

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 and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, hooks had been placed on the rear of the treatment room doors following patient 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 most recent survey which was completed in November 2017. The results showed that 100% of patients felt the practice was very clean, 100% of patients said that it was fairly or very easy to get through to the practice on the phone and 96% of patients found the receptionists to be helpful and professional.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were

Are services well-led?

encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, medical histories were checked in the treatment rooms with the dentists following staff feedback.

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 practice had not completed any implant audits.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team with exception of the managers 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.