

Bowdlers House Dental Practice

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Inspection Report

Bowdlers House
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Overall summary

We carried out this announced inspection on 7 August 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

Bowdlers House Dental Practice is in Shrewsbury and provides NHS and private treatment to adults and children.

There is no level access for people who use wheelchairs or those with pushchairs. Car parking spaces are available near the practice.

Summary of findings

The dental team includes three dentists, one dental hygienist and eight dental nurses (four of whom are trainees). All the dental nurses undertake reception duties. The practice has three treatment rooms.

The practice is owned by a partnership 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 Bowdlers House Dental Practice was the senior partner.

On the day of inspection, we collected 28 CQC comment cards filled in by patients.

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

The practice is open:

Monday 8:30am to 6pm

Tuesday – Friday 8:30am to 5:30pm

The practice is also open on alternate Saturdays between 8:30am and 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. A fire risk assessment had been carried out but the documentation had not yet arrived. The provider had arranged for this to be repeated.
- The practice's safeguarding processes required improvements. Staff knew their responsibilities for safeguarding adults and children but most staff had not received recent training. This was promptly addressed.
- The practice had staff recruitment procedures but we identified necessary improvements as some of the records were incomplete. These issues were promptly addressed.
- Staff appraisals had not been carried out. The provider informed us these were scheduled to commence in September 2018.
- 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with concerns positively and efficiently.
- Not all staff were aware of their responsibilities under the duty of candour regulation.
- The practice had suitable information governance arrangements.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. This includes documenting induction procedures for newly recruited staff.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

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 concerns to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns to the relevant authorities. They were not aware that a safeguarding referral required a notification to the CQC. Most staff had not completed recent training in safeguarding. These issues were promptly resolved as staff completed this training within 48 hours of our visit.

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

Some information was missing from staff personnel files and we were assured this would be obtained.

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.

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 professional and efficient. 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.

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

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

No action



Are services caring?

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

We received feedback about the practice from 28 people. Patients were positive about all aspects of the service the practice provided. They told us staff were calming, superb and friendly.

No action



Summary of findings

They said that they were given exceptional treatment, and said their dentist listened to them. Patients commented that staff 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.

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. The facilities were located within a listed building so the owners were very restricted with improving access for patients with mobilities and families with pushchairs. The practice did not have access to interpreter services but said they would make arrangements for this if required. They 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 quickly and constructively.

No action



Are services well-led?

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

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

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

The practice team kept 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.

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. We identified some necessary improvements which were promptly addressed.

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 reporting and dealing with suspected abuse. They did not have any written information for staff about identifying any signs of abuse. We saw evidence that the safeguarding lead and four other staff members had received safeguarding training. We did not see any certificates to show that the other staff had received recent training. However, staff we spoke with were aware of the signs and symptoms of abuse and neglect. They were not aware of the requirement to notify the CQC in the event of a safeguarding referral. Knowledge amongst some staff about physical intervention was also limited. Within 48 hours, the registered manager informed us that all staff had completed safeguarding training to the appropriate level. The registered manager informed us they had arranged for training to be carried out for all staff in early September on physical intervention in dentistry.

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.

There was no evidence of a whistleblowing policy at the practice. The providers had subscribed to a compliance agency that provided assistance with this aspect of general dental practice. The provider contacted them immediately and a policy was emailed to the practice during our visit. This included all the necessary information and was printed immediately and the provider informed us this policy would be displayed so that it was accessible to all staff should they need to reference it. Staff told us they felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice did not have a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. Within 48 hours, the registered manager informed us they had compiled a plan.

The practice did not have a recruitment policy to help them employ suitable staff. The registered manager described the procedure they used when they recruited staff. This reflected the relevant legislation but they did not always carry out recruitment procedures in a consistent manner. For example, some staff had written references in their files but one staff member did not. The registered manager told us they had sought and received a verbal reference for the staff member with the missing references but this had not been documented. We reviewed three staff recruitment records and we found that the practice did not have written risk assessments for staff that did not hold recent Disclosure and Barring Service (DBS) checks. We saw evidence that the registered manager had applied for DBS checks for staff where these certificates were missing. During our visit, the provider contacted their compliance agency and they emailed a recruitment policy to the practice. This was immediately printed and it included specific and comprehensive information about the 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. Fire safety notices and fire exit signage were clearly displayed throughout the practice. There was no evidence of a completed fire risk assessment at the practice. The registered manager informed us that this was completed a few months ago but the company were no longer contactable. They told us they had made numerous attempts to contact them as they had

Are services safe?

not provided written documentation of this. We saw evidence that this visit had been booked for May 2018. The registered manager explained that the company had visited the practice and all verbal recommendations had been actioned. We saw evidence that staff were booked on a fire safety course that was due to take place in August 2018. We were also told that an external fire risk assessment had been booked for October 2018.

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. Current guidance suggests that CBCT machines should be subject to monthly phantom tests of image quality. This was not carried out but the partner told us that other quality checks were in place.

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. Instructions were present for staff in the unlikely event they sustained an injury from a used sharp instrument. Details were present for their local Occupational Health department but the registered manager did not know whether they would be available on Saturdays when the

practice opened. Within 48 hours, the partners responded and informed us that this department would not be available on Saturdays. Alternative arrangements had been made and the protocols updated.

We reviewed staff's vaccination records and found that the registered manager had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the majority of staff had received the vaccination and the effectiveness of the vaccination had been checked. However, the records were incomplete for five clinical staff members. Within 48 hours of our visit, the partners sent us evidence that three staff members had adequate documentation. One staff member was on annual leave and the other was awaiting a response from their Occupational Health team.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. The practice did not have an Infection Control annual statement. Within 48 hours, the registered manager informed us they completed this on the day after our visit and it would be reviewed annually.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

Are services safe?

line with HTM 01-05. 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 systems 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. All staff completed training in Legionella prevention within two days of our visit.

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.

We saw evidence that staff had carried out an infection prevention and control audit but this was undated. These should be completed twice per year. We saw that a note had been made to carry out another audit in January 2019. The latest audit showed the practice was meeting the required standards. Within 48 hours, the registered manager informed us they had completed another audit on the day after our visit.

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 accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection 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 practice stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out annually.

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.

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. 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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

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

The dentists told us that where applicable they 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 dentists and dental hygienist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and 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.

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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

The practice offered conscious sedation for patients who would benefit although this was not carried out regularly at the practice location. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These

Are services effective?

(for example, treatment is effective)

included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

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

Staff new to the practice did not have a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

New CPD requirements came into force in January 2018 for dentists and the partners were aware of this requirement.

Staff told us they discussed training needs informally during clinical supervision. This was not documented. The registered manager told us they were planning to carry out formal appraisals for all staff on an annual basis commencing in September.

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 a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had a process to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. There was no written information about this but the registered manager told us they would disseminate this information to all staff so that patients are triaged in a formal manner from the initial point of contact. Within 48 hours, the registered manager informed us that a policy had been compiled and all staff had read and signed to confirm they understood its content.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were calming, friendly and superb. 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.

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

An information folder was 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 limited privacy when reception staff were dealing with patients. Staff told us that 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. The practice had implemented new systems to ensure confidentiality at the practice.

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 and 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 not available for patients who did not speak fluent English. Staff told us they would search online for details of an interpreter if needed. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Arabic, Punjabi, French and Urdu.
- Staff communicated with patients in a way that they could understand, for example, communication aids 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. 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 dentist described to us the methods they used to help patients understand their treatment options. These included models and X-ray images on a dual screen.

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. They described how they managed patients who were very anxious.

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

The practice had made reasonable adjustments for patients with disabilities. The practice was located within a listed building and the registered manager explained this caused obvious limitations. They were unable to provide step free access for patients. Staff told us they provided assistance for patients who required this when entering and exiting the building. Toilet facilities were available on the ground floor. Reading materials were available in larger font size upon request for patients with visual impairments. A hearing induction loop was not available but staff were able to communicate by writing information down or patients could bring an interpreter with them.

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

The practice sent appointment reminders to all patients that had consented.

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.

The practice had an appointment system to respond to patients' needs. Staff told us that patients who required urgent treatment were seen the same day. No dedicated appointment slots were available but the dentists would

extend the practice's opening hours in order to accommodate patients if necessary. Patients told us they had enough time during their appointment and did not feel rushed. Staff were aware that some patients had to wait beyond their allocated appointment time and had taken steps to address this. We were told this situation had improved but more improvements were required.

They took part in an emergency on-call arrangement with 111 out of hours service.

The practice 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.

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 complaints policy providing guidance to staff on how to handle a complaint.

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

Staff told us they 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 previous 12 months. No formal complaints had been received, but three negative comments had been made. 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 partners had the capacity and skills to deliver high-quality, sustainable care.

The partners 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.

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

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 acted on behaviour and performance consistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

Staff we spoke with were not aware of the requirements of the Duty of Candour. This requires staff to demonstrate openness, honesty and transparency with patients. We were told that staff worked alongside its principles and there was a policy present.

Staff told us they 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 registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was 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. The exception to this was the whistleblowing policy but this was promptly resolved.

There were some processes for managing risks, issues and performance. We identified many areas that required improvements such as recruitment, access to whistleblowing procedures, fire safety and lack of up to date safeguarding training. These were promptly resolved but were not embedded at the time of our visit.

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 comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Examples included changes to the décor and the introduction of oral health leaflets.

Are services well-led?

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

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. The agenda for the next staff meeting was displayed in the staff room and they were encouraged to raise any topics for discussion.

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 radiograph audit was comprehensive but the next audit was overdue.

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

The whole staff team were due to have their first formal appraisal in September to discuss learning needs, general wellbeing and aims for future professional development.

Staff told us they 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. Staff told us the practice provided support and encouragement for them to do so.