

Dr. Wai Ping Cheung

College Road Dental Practice

Inspection Report

354 College Road
Erdington
Birmingham
B44 0HH
Tel: 012 1373 1471

Date of inspection visit: 10 April 2018
Date of publication: 15/06/2018

Overall summary

We carried out this announced inspection on 10 April 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

College Road Dental Practice is in Birmingham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. There were no dedicated spaces for blue badge holders but staff said patients were able to park on the driveway if they informed the practice in advance.

Summary of findings

The dental team includes five dentists, six dental nurses (two of whom are trainees) and one receptionist. There is one practice manager who is also qualified as a dental nurse. The practice has three 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 50 CQC comment cards filled in by patients.

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

The practice is open: Monday to Thursday between 8.30am and 5.30pm and between 8.30am and 5pm on a Friday. The practice also offers extended opening hours on Thursday evenings to 7pm and Saturdays between 8am and 12pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Some improvements were required and were carried out immediately. Some further improvements will be carried out when the practice undergoes major refurbishment in September 2018.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a few items which were ordered as soon as we brought this to the attention of the provider.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. We identified necessary improvements and these were implemented immediately.
- The clinical staff mostly provided patients' care and treatment in line with current guidelines. We identified some necessary improvements and the provider assured us they would make the necessary changes through staff meetings and audits.

- 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 staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular the decontamination area in the practice.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice. Staff should also review the practice's protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Review the practice's protocols to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 complaints to help them improve but were not recording all incidents.

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

Staff were qualified for their roles and the practice completed essential recruitment checks. Some of these checks were inconsistently carried out.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice was due to undergo major refurbishment where the provider had planned for making improvements to their clinical practice.

The practice had suitable arrangements for dealing with medical and other emergencies although we identified some items that were missing. These were ordered immediately once we brought this to their attention.

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. Some improvements were required and the provider assured us they would be introducing new protocols for staff. Patients described the treatment they received as excellent and pleasant. The dentists discussed treatment with patients so they could give informed consent but did not always record 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 50 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, polite and brilliant.

No action



Summary of findings

They said that they were given explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

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 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



Are services well-led?

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

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

The practice team kept 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. The practice completed infection control and radiography audits at longer intervals than recommended in recognised guidance. We were assured that the practice would complete these in accordance with the relevant guidelines moving forward. The practice also asked for and listened 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.

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 dentist was also aware of identifying adults who were in other vulnerable situations e.g. those who were known to have experienced modern day slavery or female genital mutilation.

The practice had a whistleblowing policy but it was not easily accessible and did not contain details of external organisations. Staff told us they felt confident they could raise concerns without fear of recrimination. Within two working days, the provider sent evidence of an amended policy which included details of external organisations.

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

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. We reviewed this and found it did not include contact details for key organisations and the plan had not been distributed to all staff members. Within two working days, the provider sent us an amended plan which included all the necessary information. We were told this had been circulated to all staff via email.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. Improvements were required in their recruitment processes as they did not consistently follow recruitment procedures that reflected current legislation. For example, some staff had Disclosure and Barring Service (DBS) checks but others did not. We looked at three staff recruitment records. Within two working days, the provider sent us an amended policy which included all necessary information. The provider also informed us that they had discussed recruitment procedures with the practice manager and had implemented procedures immediately to ensure that consistent processes were followed for existing and new staff. This included new DBS checks for all existing staff which would be repeated every three years. All new staff would have new DBS checks carried out and a risk assessment whilst awaiting the new certificate.

We noted that clinical staff (apart from the trainee dental nurses) 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 appliances.

The practice had invested in fire safety equipment and procedures. Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Twelve staff members were trained fire marshals. A fire risk assessment was undertaken a few weeks before our visit and many recommendations had already been completed by staff. We found some actions were still outstanding such as the Electrical Installation Condition Report. Following our visit, we were sent evidence to show this had been booked for May 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. They were not using rectangular collimation to reduce the radiation dose to the patient. We saw evidence that three rectangular collimators were ordered immediately.

Are services safe?

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 with the exception of two dentists whose certificates were not available on the day of our visit.

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.

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. At the time of our visit, the provider had requested further information from one staff member's occupational health physician to ensure that they had adequately responded to the immunisation. The provider contacted us within two working days to inform us they had carried out a risk assessment for the staff member who was awaiting a blood test to confirm their immunity.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The practice staff did not participate in any interim refresher training.

Emergency equipment and medicines were mostly available as described in recognised guidance. A medicine called Glucagon was available but was not stored in the refrigerator. The manufacturer states that it can be stored outside the refrigerator but this does shorten the shelf life. The provider told us that they had placed a new order and it was delivered the day before our visit. They immediately refrigerated this item and subsequently sent us evidence that they were monitoring the fridge temperature to ensure it remained within the recommended parameters.

Missing items included clear face masks for use with the self-inflating bags and the smallest sized oropharyngeal airway (the practice held the other four recommended sizes). They sent us evidence that these had been ordered immediately after we brought this to their attention. The practice also held non-essential items such as a pulse oximeter and a paper bag which could be used if a patient experienced a panic attack and was hyperventilating.

Staff kept records of their checks to make sure the emergency equipment and medicines 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 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 (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 practice had a separate decontamination room where instruments were sterilised; we found instruments were manually scrubbed in the treatment rooms. There was also no sink for handwashing in the decontamination room as recommended by HTM 01-05. The provider told us they planned to carry out all decontamination processes in a dedicated room when the practice is refurbished later this year. Manual cleaning of the instruments should be carried out using a non-foaming disinfectant. We found that staff used a foaming disinfectant for this procedure.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. The autoclaves had not been fitted with data loggers to record essential information such as the temperature and pressure of each cycle. We were sent evidence within two days which showed that this equipment had been ordered and would be installed to the existing autoclaves.

Are services safe?

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.

We checked three treatment rooms and found that there were no clear zoned areas for clean and dirty areas. The treatment rooms were all visibly clean and free from clutter.

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

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. The most recent audit was completed in March 2018 but the one previous was in July 2017 which is over the recommended six month interval. Following our visit, the provider nominated a lead for audits and assured us that audits would be carried out within the recommended intervals. The latest audit showed the practice was meeting the required standards and there were completed action plans.

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 and legible and were kept securely and complied with data 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 had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were not carried out but the provider informed us they would carry these out annually.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues and these were reviewed annually.

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

Staff were aware of the Serious Incident Framework and had processes in place to report, investigate and learn from these. We found, they were not recording all incidents to support future learning and reduce risk. Within two working days, the provider sent us evidence of a template which would be used for documenting all future incidents to support learning.

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 with the exception of treatment for periodontal disease. Staff were unable to demonstrate this was consistently carried out in line with current guidance. Within two days, the provider informed us they had arranged a staff meeting for the dentists to discuss current guidance and how they will ensure they are working in accordance with current guidance especially pertaining to periodontal disease and record keeping. They told us they would commence annual audits on the management of periodontal disease and would hold staff meetings to discuss the audit findings.

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 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 procedures used by the dentists to improve the outcome of periodontal treatment were not always in line with current guidance. We could not see that all dentists

consistently provided preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. This was discussed at a staff meeting after our visit and we were assured the provider would work together with all staff to ensure they adhered with current guidance.

The practice carried out oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans but the recommended recall interval was not documented for each patient based upon their individual risk and in line with recognised guidance.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment with the exception of one dentist who did not consistently record that consent had been obtained. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions; we found these were not consistently recorded in the dental care records. 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. Not all staff were aware of the young person's competence, by which a child under the age of 16 years of age can consent for themselves.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. We reviewed a selection of records and found that one dentist did not assess patients' treatment needs in line with recognised guidance. The provider contacted us after our visit to inform us they had invested in updating all clinicians with the latest guidance pertaining to record keeping.

Are services effective?

(for example, treatment is effective)

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information; we found this was not thorough and the dentists did not implement changes to their practice after the audit highlighted necessary improvements. The provider contacted us after our visit and informed us they had designed a practice record keeping audit and developed an ongoing data collection system to facilitate record keeping audit and staff training. The audit would be carried out every six months and would commence in June 2018. They told us they had set up a new template on the computer software programme and wanted staff to have the opportunity to use this before auditing the procedures in June. Clinical governance meetings would be held every three months to discuss audit findings and action plans to improve quality of record keeping.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager had enrolled on a leadership and management course and the dental nurses had also completed further training in radiography and fluoride application.

Staff new to the practice had a period of induction based on a structured induction programme. The programme was amended after our visit to include safeguarding, radiation and hazardous substances. We confirmed clinical staff completed the continuing professional development

required for their registration with the General Dental Council (GDC). The GDC introduced an enhanced CPD scheme in January 2018 for dentists and there was evidence that some dentists had implemented this.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The dentists were not formally appraised.

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

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 did not currently have a system to monitor 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 pleasant, caring and efficient. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Several patients commented that they would not go anywhere else for dental treatment and had attended the same practice for many years.

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 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 reception area was separate from the waiting areas and this provided 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. On the day of our visit, the window blinds in one treatment room were open which allowed other individuals to see into the treatment room. The provider informed us that the blinds

were always closed in their treatment room during working hours and they had since developed a protocol for the window blinds in all treatment rooms which stated that staff must ensure that the blinds are always closed whenever a patient is present in the treatment room.

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 Standards and the requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language. Some of the staff members were multi-lingual and might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, visual 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. 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 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, visual aids and X-ray images.

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 saw a large proportion of elderly patients and provided additional support to those patients who required this. They also met the needs of more vulnerable members of society such as patients with dental phobia and adults and children with a learning difficulty.

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

Staff told us that they 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. This included step free access via a portable ramp. The reception area and two treatment rooms were able to accommodate patients in wheelchairs. A magnifying glass was available and information could be printed off in larger font size upon request. A hearing induction loop was not available but staff communicated with patients with hearing impairments by writing information down and lip reading. Accessible toilet facilities were not currently available but the refurbishment plan included an accessible toilet. Patients with mobility issues could park directly outside the practice.

Timely access to services

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

The practice included its opening hours in their practice information leaflet and on the NHS Choices website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who

requested an urgent appointment were seen the same day. Patients told us they 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.

They took part in an emergency on-call arrangement with the NHS 111 out of hour's service.

The practice 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 complaints 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 told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice logged verbal complaints/comments too.

The practice manager 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 in the previous 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.

The principal dentist 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. The practice manager had enrolled on a leadership and management course to further their skills in practice management.

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 inconsistent with the vision and values.

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 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. 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 and staff to support high-quality sustainable services.

The practice used patient surveys, a comments book and verbal comments to obtain staff and patients' views about the service.

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

The practice gathered feedback from staff through meetings, 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.

Are services well-led?

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. Improvements were required in their audit processes as they were not always using the information to make improvements to their clinical practice. Also, some of the audits needed to be carried out more frequently.

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 had annual appraisals, with the exception of the dentists. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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.