Care Quality Commission

Specialist Periodontics Limited

Sovereign House Specialist Dental Centre

Inspection Report

First Floor,
153 High Street,
Brentwood.
CM14 4SD
Tel:01277205605
Website:www.thesdc.co.uk

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Overall summary

We carried out this announced inspection on 11 December 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

Sovereign House Specialist Dental Centre is in Brentwood, Essex and is a private specialist dental practice; their services include dental implants, dental implant solutions, oral surgery, maxillofacial Surgery, sedation services and some children's dentistry. The practice provides private orthodontic treatments. The practice also provides a tongue tie release service.

Summary of findings

The practice is situated on the first floor. Car parking spaces, including spaces for blue badge holders, are available in local car parks near the practice. Patients who require wheelchair access are referred to one of two sister practices with level access.

The dental team includes nine dentists; whose specialisms include Periodontics, Endodontics, Orthodontics, Oral Surgery and Maxillofacial Surgery. They are supported by two hygienists, four dental nurses, two receptionists and one practice manager. The practice has three treatment rooms.

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

On the day of inspection, we collected 27 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with one dentist, two dental nurses, one 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 Friday from 9am to 5.30pm and Wednesday from 9am to 6.30pm. We were told the practice often opened at weekends to accommodate urgent appointments.

Our key findings were:

- Effective leadership was provided by the principal dentist and an empowered practice management team.
- Staff we spoke with felt well supported by the principal dentist and practice manager and were committed to providing a quality service to their patients by ensuring their patients were their main priority.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Emergency equipment and medicines were mostly available as described in recognised guidance. There was no size 4 airway and the size 4 clear face mask was also missing. There was no buccal midazolam available, a medicine used to treat a number of conditions including seizures. The practice confirmed these had been purchased following the inspection.
- The practice had systems to help them manage risk.
- The practice staff had embedded safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The 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 staff dealt with complaints positively and efficiently.
- The practice had a strong culture of continuous improvement and development.
- The practice asked staff and patients for feedback about the services they provided. Results of feedback were analysed and discussed at staff meetings to share learning. We noted feedback from patients and other clinical professionals was wholly positive.

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

- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. There was scope to include a wider range of incidents as significant events to ensure all training needs were identified and to prevent such occurrences happening again in the future.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Emergency equipment and medicines were mostly available as described in recognised guidance. There was no size 4 airway and the size 4 clear face mask was also missing. There was no buccal midazolam available, a medicine used to treat a number of conditions including seizures. The practice confirmed these had been purchased following the inspection.

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

Premises and equipment were clean and properly maintained. We saw there was a small carpeted area under a desk in one treatment room, but noted this had been scheduled for replacement along with the treatment room flooring in early 2019. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. We noted the external clinical waste bin had not been secured. During the inspection the practice took immediate action to ensure this was secured. We noted the practice was not signed up to receive all external safety alerts as well as patient and medicines safety alerts. The practice took immediate action during the inspection to ensure this was in place.

Are services effective?

No action

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 very good, excellent and of a high standard. 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 the British Dental Association (BDA) good practice scheme. This was a quality assurance programme used to demonstrate the practice was working to high standards of good practice on professional and legal responsibilities.

Summary of findings

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 attentive, kind and professional. They said that they were given helpful, informed and thorough explanations about their 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.	**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 practice had access to internet 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 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.

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.

The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern day slavery or female genital mutilation. The practice manager described the training staff were due to undertake to ensure they were equipped to identify people in vulnerable situations.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff 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 three staff recruitment records. These showed the practice followed their recruitment procedure.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw there was a small carpeted area under a desk in one treatment room, but noted this had been scheduled for replacement along with the treatment room flooring in early 2019.

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.

Are services safe?

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.

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. Immediate Life Support (ILS) training for sedation was also completed.

Emergency equipment and medicines were mostly available as described in recognised guidance. There was no size 4 airway and the size 4 clear face mask was also missing. There was no buccal midazolam available, a medicine used to treat a number of conditions including seizures.

We noted that the glucagon was kept in the practice fridge. The temperatures of the fridge were monitored daily however because this fridge was also used to store staff foods the fridge was in constant use and the temperatures recorded were on occasion colder than those recommended for storing this medicine.

The practice manager confirmed they would replace the missing medicines and equipment. We were assured the practice would in future store the Glucagon at room temperate and amend the expiry dates to reflect the shorter shelf life when stored in this way. Following the inspection the practice confirmed the missing items and medicines had been purchased and the storage of the Glucagon had been reviewed and amended.

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 hygienists when they treated patients in line with GDC Standards for the Dental Team. However, we were told there were occasions when the dental hygienist worked without chairside support. We found a risk assessment was not in place for when this occurred. Following the inspection the practice confirmed this had been completed.

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 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 twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and

managed in a way that kept patients safe. Dental care records we saw were 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 had systems for appropriate and safe handling of medicines.

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

We noted there was no log of dispensed medicines issued by the practice. In addition, we found that where medicines were dispensed, the practice did not include the practice name and address on the prescription label. We discussed these issues with the management team who confirmed that action was taken immediately during the inspection to rectify this.

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 there had been one safety incident. The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. There was scope to include a wider range of incidents and complaints as significant events to ensure a wider range of training needs were identified and 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. However, we noted the practice were not signed up to receive all external safety alerts as well as patient and medicines safety alerts. We discussed this with the management team who confirmed during the inspection that they had amended the criteria for receiving alerts to ensure they received all alerts in future.

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 was a referral clinic for private orthodontic treatments. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function.

In addition to the orthodontic referral service, the provider had expanded services to accommodate specialist referral services such as dental implants, sedation and minor oral surgery.

The practice had access to intra-oral cameras and microscopes to enhance the delivery of care. For example, one of the dentists had a particular interest in endodontics (root canal therapy). The dentist used a specialised operating microscope to assist with carrying out root canal treatment. The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

Another visiting specialist provided a private tongue-tie release or frenectomy service at the practice for young babies, children and adults. Tongue-tie is a condition in which an unusually short, thick or tight band of tissue (lingualfrenulum) tethers the bottom of thetongue'stip to the floor of the mouth.This piece of skincanrestrict the movement of the tongue, and may lead to difficulties for the breastfeeding baby.

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

Helping patients to live healthier lives

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

The 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 dentist 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.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need 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. 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.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough

time to explain treatment options clearly. The practice had processes in place to establish and confirm parental/legal responsibility when seeking consent for children and young people.

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 carried out conscious sedation for patients who would benefit. 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 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

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

Staff new to the practice had a period of induction based on a detailed, structured and methodical induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals, one to one meetings and during clinical supervision. 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 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 monitored all referrals to make sure they were dealt with promptly.

The practice was a referral clinic for private periodontics, implants, procedures under sedation, orthodontics, minor oral surgery, endodontics, tongue-tie release and cone beam computed tomography (CBCT) scans, this is a medical imaging technique consisting of X-ray computed tomography where the X-rays are divergent, forming a cone. 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 efficient, thorough and attentive. We saw that staff treated patients with professionalism and respect, 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.

Information folders 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. 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.

Where tongue-tie release surgery had been undertaken, privacy screens were provided for breast feeding mothers to ensure some privacy when feeding the baby following tongue-tie surgery.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We were told the practice had rarely needed to access this.
- Staff described how they communicated with patients in a way that they could understand, for example staff told us they could read out information to a patient if they had reduced vision or write things down for patients with reduced hearing.
- Staff described how some patients brought electronic devices with them to their appointments which could be used as a communication aid. The practice were reviewing purchasing clini-pads, an electronic device which could also be used to assist patients with reduced vision or limited hearing and could be used with a larger font for those with reduced vision.
- We were told that if a patient had hearing difficulties they were offered the option of a private area where staff could speak louder without interference of background noise. Staff were reminded to ensure they looked directly at the patient when speaking with them and to remove any face mask when explaining treatment options to ensure the patient could lip read if necessary.
- 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 website and information leaflets 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 photographs, models, charts, videos, X-ray images and intra-oral cameras. The intra-oral cameras and

Are services caring?

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.

We were told that extra time could be allocated for patients who experienced anxiety about attending their appointment. Staff told us they would contact patients who had undergone a complex or lengthy procedure the following day to check on their wellbeing.

Staff described how they supported patients for whom they needed to make adjustments to enable them to receive treatment. We noted there were magazines and daily newspapers in the waiting room, a television with text was available for any patient wishing to find some distraction before their treatment. Staff told us service dogs were welcomed at the practice.

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

The practice was situated on the first floor of the building. The practice assessed the needs of patients and where possible had made reasonable adjustments for patients with disabilities. Patients who were unable to access the first floor were identified at the first point of contact during the first telephone call and directed to a sister practice with level ground floor access. The practice had a hearing loop, magnifying glass, a medical evacuation chair for sedated or limited mobility patients and baby changing facilities. Where patients had reduced vision or hearing, staff ensured the practice was free from any potential trip hazards prior to their arrival, staff also ensured either the front door was left open, the doorbell was working or the nurse attending the patient that day was available to greet the patient and assist them up the stairs, to the bathroom if required and to the treatment room. Following treatment, we were told the nurse would assist them as they left the practice.

Staff told us that they used telephone calls, text messaging and e-mails to ensure patients were able to attend for their appointment.

Timely access to services

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

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

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

We were told the practice team 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. Patients we spoke with told us they hadn't needed to make any complaints but felt the practice would take any concerns they raised seriously and would respond appropriately.

Are services responsive to people’s needs?

(for example, to feedback?)

There had been no complaints at the practice in the previous 12 months. We noted the practice reviewed comments made on social media sites to ensure any concerns identified there were also addressed. We noted all comments had been wholly positive.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care and 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 aims and objectives were to promote good oral health to all patients attending the practice and provide high quality dental care including periodic examinations and treatment, where required. The practice had a realistic strategy and supporting business plans to achieve priorities.

The practice refurbishment plan included redevelopment of the second treatment room on the first floor which included replacing the partially carpeted flooring.

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, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain patients' views about the service. We looked at results of practice and external organisation surveys and found that these were wholly positive. We noted the practice received thank you cards and letters from visiting clinicians thanking staff for looking after their patients.

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. They had clear records of the results of these audits and the resulting action plans and improvements.

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

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

Staff 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.