Northants Dental Limited

Private Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 19 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 the Deputy Chief Inspector in General Practice, Dentistry and Integration and 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

The Private Dental Centre is in Northampton, a town in the East Midlands. It provides private treatment to adults and children.

There is two step access to the practice. The practice does not have patient car parking facilities, but public car parking spaces are available directly outside and also near to the practice.

The dental team includes six dentists, two clinical dental technicians, a specialist periodontist, a specialist orthodontist, a dental therapist, (who also works as the business manager) five dental nurses and a receptionist.

Summary of findings

The practice currently has four treatment rooms; these are all located on the first floor. The practice has a lift installed for use by patients.

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 the Private Dental Centre is the dental therapist who also works as the business manager.

On the day of inspection we collected 17 CQC comment cards filled in by patients. We also received many positive comments from patients who contacted the CQC online to share their experience.

During the inspection we spoke with one dentist, three dental nurses, the dental therapist and the receptionist. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday and Wednesday from 8am to 5.30pm, Thursday from 8am to 7pm and Friday from 8am to 4pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff 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.
- The practice staff had suitable 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 asked staff and patients for feedback about the services they provided.
- The practice had systems to address complaints efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking X-rays in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography).
- Review the practice's waste handling protocols to ensure waste is disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services. We asked the following question(s).

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 had implemented systems for learning from incidents, to help them improve.

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.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. Our review of a sample of records showed that patient assessment for radiography was not routinely recorded. We were not assured that all newly registered patients were subject to an assessment prior to X-rays being taken.

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 pain free, very thorough and delivered by professionals. The dentists discussed treatment with patients so they could give informed consent.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. We saw evidence that continuing professional development (CPD) was completed by staff. We noted that staff had undertaken specialist training in their roles. For example, two of the dentists had been approved to be sedation trainers by the Royal College of Surgeons. Two of the dental nurses were radiology qualified.

One of the dentists had a particular interest in endodontics, (root canal therapy) and held advanced endodontics qualifications. A specialist periodontist also worked in the practice. Another of the dentists had an interest in oral surgery (wisdom teeth / extractions). We were informed that the dentists shared their knowledge and provided advice and guidance to the other clinicians in the practice.

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

No action ✓

Are services caring?

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

No action ✓

Summary of findings

We received feedback about the practice from 17 people. We also received many positive comments from patients who contacted the CQC to share their experience. Patients were positive about most aspects of the service the practice provided. They told us staff were welcoming, considerate and caring.

The majority of patients said that they were given detailed, informative and helpful explanations about dental 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?

No action ✓

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.

The practice offered a wide range of treatment and services to meet the needs of the local population.

Staff considered patients' different needs, taking into account existing limitations with modifying the listed building that they occupied. Measures included providing a patient lift and an accessible toilet with handrails and a call bell.

The practice had access to interpreter services and had arrangements to help patients with sight and hearing loss.

We were provided with examples of how the team met the needs of very anxious patients when they attended the practice.

The practice took patients views seriously. They valued compliments from patients and had implemented processes to respond to concerns and complaints.

Are services well-led?

No action ✓

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.

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. Staff were not specifically aware that notification to the CQC was also required in the event of any safeguarding referrals being made.

Staff told us that whilst there was not 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, information would always be recorded in clinical records and a pop up alert could be created.

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.

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 plan was last reviewed in August 2017.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five 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.

The practice had opened in August 2017 and equipment such as emergency lighting, fire detection and firefighting tools such as smoke detectors and fire extinguishers had been newly installed at this time. We saw installation records, and noted that fire extinguishers had been booked in for servicing shortly after the date of our inspection.

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.

During our review of a sample of patient records for one of the dentists, we noted that the justification for use of radiography was not routinely recorded. This included the benefit to the patient, radiation risk, other alternatives and patient consent being recorded. We were not assured that all newly registered patients were subject to an assessment prior to X-rays being taken.

We saw evidence that the dentists or radiography trained nurses graded and reported on the radiographs they took. The practice carried out radiography audits 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. The practice accepted patient referrals through its website from other practices. We noted that a service level agreement (SLA) had not yet been implemented between the referrers and the practice; as recommended in Guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography) Equipment.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in the practice.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. We noted that the practice had not implemented the safer sharps system. They had however taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. The risk assessment completed included a measure that nurses were not to touch used needles. The practice used disposable matrix bands.

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. BLS with airway management. We noted that the practice also tested staff knowledge on medical emergencies by providing them with a quiz to complete. Immediate Life Support (ILS) training for sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. We noted that glucagon was stored at room temperature, but the expiry date had not been altered to reflect the shorter life span of the product. The practice told us they would ensure this was changed. Staff kept records of their checks to make sure emergency equipment and medicines were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental therapist 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. We noted that heavy duty gloves used for manual cleaning were not disposed of in line with the manufacturer's recommendation of five uses.

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 recently implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A risk assessment had been undertaken in July 2017. We noted that records of water testing and dental unit water line management had started in April 2018. We discussed the issue with the practice and were informed that lack of previous recording and management had been an oversight. We were assured that processes had been strengthened.

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. We noted areas of improvement required in the storage arrangements. The waste bin held outside the practice was not locked or secured to a fixed object to prevent it being moved. This was potentially accessible by the public. We also found that clinical waste bags were overfilled and not labelled. The practice contacted us after our inspection and told us that the external waste bin was being secured to a fixed object and a new key had been obtained to lock the bin. We also noted that the sharps bin in the decontamination room required replacement as it was dated 2016.

The practice carried out infection prevention and control audits twice a year. The latest audit in April 2018 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.

Are services safe?

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

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice had implemented systems and processes to monitor and review if accidents occurred.

In the previous 12 months we noted one accident recorded and appropriate action had been taken by the practice.

Lessons learned and improvements

The practice had implemented systems and processes to learn and make improvements for when things went wrong. The practice had not recorded any untoward or significant events since it had opened.

The staff were aware of the Serious Incident Framework.

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 and other clinical staff 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 the principal dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to technology and equipment which included: a CBCT machine, an orthopantomogram (OPG) X-ray machine, a hand held X-ray system, a specialist scanner used for impression taking and milling machine used for restorations, a 3D scanner and 3D printer, airflow cleaning and a digital shade matching technology system. This was used to enhance the delivery of care.

One of the dentists had a particular interest in endodontics, (root canal therapy) and held advanced endodontics qualifications. A specialist periodontist also worked in the practice. Another of the dentists had an interest in oral surgery (wisdom teeth / extractions). We were informed that the dentists shared their knowledge and provided advice and guidance to the other clinicians in the practice.

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 dentist 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 dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

The practice was aware of national oral health campaigns to support patients to live healthier lives. For example, smoking cessation. They told us they directed patients to their GP and mentioned an effective smoking cessation aid used.

We were provided with an oral cancer audit which had been undertaken in March 2018. The audit identified areas for improvement regarding the recording of advice given by clinical staff in relation to smoking and alcohol use.

The practice had a selection of dental products for sale in their reception area.

The dentist and dental therapist 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. A sample of patient records we reviewed supported the approach taken by the clinicians.

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 understood the importance of obtaining and recording patients' consent to treatment. We found that whilst written consent was recorded, verbal consent was not always documented in a sample of records we reviewed. 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 in CQC comment cards that 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 dentist understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to young people's competence, by which a child under the age of 16 years of age can consent for themselves. The practice had a very small number of children registered to receive dental care.

Are services effective?

(for example, treatment is effective)

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 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

Staff had the skills, knowledge and experience to carry out their roles. We were provided with a number of examples. Two of the dentists had been approved to be sedation trainers by the Royal College of Surgeons. Two of the dental nurses were radiology qualified. The business manager who also worked as the dental therapist had undertaken a level five leadership and management course.

Staff new to the practice had 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.

Staff told us they discussed training needs at annual appraisals and three monthly one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The team could refer 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 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 had not implemented a tracking and monitoring process to ensure all referrals made had been received. Following our inspection, the practice informed us that processes were being strengthened.

When the practice received referrals for treatment which included dental implants, specialist treatments for patients with bleeding gums and bone loss, orthodontics, sedation and advanced reconstructive dental works for patients with heavily worn or missing teeth. There were procedures in place which ensured they were aware of all incoming referrals on a daily basis.

Are services caring?

Our findings

Kindness, respect and compassion

Staff told us they treated patients with kindness, respect and compassion. CQC comment cards we received on the day were all positive about the patient care experienced. We also received many positive comments from patients who contacted the CQC to share their experience.

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

Patients commented positively that staff were welcoming, helpful and considerate. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk.

Patients said in CQC comment cards that staff were compassionate and understanding.

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

Information was available in the reception and waiting area for patients to read. There was a television in the waiting area which displayed information about the practice. There was also a noticeboard in the reception area.

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 could take them into a private area. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. The practice kept minimal paper records. Those that were retained were held securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices. The majority of patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A small number of patient comments included that they felt communication could be improved regarding treatment received and associated costs. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The clinical staff described to us the methods they used to help patients understand treatment options discussed. These included for example, a television screen in each room linked with a computer; a camera takes photos and these are loaded onto the computer and shown on screen to the patient. Staff told us that oral health care plans were given to patients as well as literature explaining the benefits and disadvantages of particular treatments. We were told that these helped the patient/relative to 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 provided with examples of how the team met the needs of very anxious patients when they attended the practice. We were told that patients were seen away from the dental chair setting prior to examination and treatment; extra time was given to those who were dental phobic and staff had held hands with nervous patients if they had requested this during treatment. Staff told us they were empathetic and compassionate. Patient comments received from those who considered themselves to be nervous, were all complimentary about the responsiveness of staff to effectively meet their needs. The practice leaflet included information about nervous patients being welcomed.

The practice offered a wide variety of specialised services and treatment. These included general dentistry, hygienist services, dental implants, sedation services, orthodontics (for adults and children) and patient access to clinical dental technicians who were trained to design, create, construct, modify and fit removable dental appliances for patients. The practice had its own dental laboratory on site. The practice also offered cosmetic procedures.

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

The practice had made reasonable adjustments for patients with disabilities, taking into account existing limitations with modifying the listed building that they occupied. The practice had two step access and a portable ramp could not be installed because of the gradient. A buzzer system was installed at the front door to enable patients to call for assistance. The practice had a lift installed for patient use as treatment rooms were located on the first floor. There was an accessible toilet with a handrails and call bell. The practice had two magnifying glasses at reception and a hearing loop installed.

Staff told us that they sent text and emails to patients to remind them to attend their appointment three days in advance.

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. We noted that the next routine appointment was available within three days.

Many patient comments included that they had enough time during their appointment and did not feel rushed. A small number of comments included that patients could at times be kept waiting for their appointment following their arrival. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

Patients requiring assistance outside of usual working hours were advised to contact the principal dentist on their mobile telephone. The practice website, information leaflet and answerphone provided the telephone number for patients needing emergency dental treatment during the working day and when the practice was closed. 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 business manager was responsible for dealing with these. Staff told us they would tell the business manager about any formal or informal comments or concerns straight away so patients received a quick response.

Are services responsive to people's needs?

(for example, to feedback?)

The business manager told us that if they were to receive any complaints in-house they would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had not received any complaints since it opened.

The practice had implemented processes to respond to concerns appropriately, if received. They told us they would discuss outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity and skills to deliver high-quality, sustainable care.

The principal dentist supported by the business manager had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. Staff were regularly informed about progress with the plans and we saw evidence of this, in the form of a recent presentation delivered.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. The practice financially invested in and supported its staff to undertake further development and training. We were given many examples regarding the opportunities provided to staff.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

The practice had implemented processes for incident reporting which encompassed openness, honesty and transparency. 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 issues or 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 business 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, staff and external partners to support high-quality sustainable services.

The practice obtained staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, a trip hazard was removed following patient feedback. Staff feedback resulted in changes to lunchtime arrangements, to ensure that patient needs were always accommodated.

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

We noted that social events were organised and attended by staff working in the practice.

Are services well-led?

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

There was a strong culture of auditing in the practice. In addition to standard audits for infection control, radiography and dental records, we noted additional audits undertaken in areas such as oral cancer, waiting times and emergency logs.

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

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

There were plans in place for the whole staff team to have annual appraisals. The team 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.