

Portman Healthcare Limited Madeley Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 26 November 2019 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Madeley Dental Practice is in Telford, Shropshire and provides NHS and private dental care and treatment for adults and children. The services are provided under three separately registered providers at this location. This report only relates to the provision of general dental care provided by Portman Healthcare Limited. Additional reports are available in respect of the general dental care services which are registered under Madeley Practice Limited and Madeley Dental Practice.

Summary of findings

There is level access through automatic doors to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available in the large practice car park at the rear of the building.

The clinical team includes 11 dentists (one is an endodontist, one is an implantologist and three are orthodontists), three dental hygienists, 16 dental nurses and two decontamination nurses. The clinical team are supported by the practice manager, the assistant practice manager, two office administrators and six receptionists. The practice has 11 treatment rooms and a patient consultation room.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered. The previous registered manager had been cancelled on the 29 October 2019 and the new registered manager was unable to attend their registration interview with CQC due to unforeseen circumstances. The provider had plans in place to register a manager.

On the day of inspection, we collected 12 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses, one dental hygienist, two receptionists, one office administrator, the assistant practice manager, the area compliance lead 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 from 8am to 5.30pm

Tuesday from 8am to 6pm

Wednesday from 8am to 5.30pm

Thursday from 8am to 5.30pm

Friday from 8am to 5.30pm

Saturday from 9am to 12.30pm

Our key findings were:

- Strong and effective leadership was provided by the practice manager and assistant manager. Staff felt involved and supported and informed us this was a good place to work.
- The provider had infection control procedures which reflected published guidance.
- The practice appeared to be visibly clean and well-maintained. An external company was contracted to provide this service and cleaning schedules were maintained to monitor this.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. We found that the practice had not ensured that X-ray equipment had been serviced annually, this was immediately scheduled following our visit for January 2020.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs. Specialist services such as endodontics, dental implants, periodontics and orthodontics were available at this practice. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.
- Due to being part of a corporate organisation the practice was supported further by staff based at their head office 'The Port'.
- The provider had effective leadership and a culture of continuous improvement. Clinical audit was being completed however the outcomes were not fed back to clinicians.
- The provider asked staff and patients for feedback about the services they provided.

Summary of findings

- The provider dealt with complaints positively and efficiently. Additional support was available from the group's internal complaints lead.
- The provider had information governance arrangements.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, ensuring X-ray equipment is serviced in accordance with manufacturers guidance.
- Improve the practice protocols regarding clinical audit to ensure that audit outcomes are feedback to clinicians to share learning and drive improvement.

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had 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 provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

There was a dedicated decontamination room which served all eleven dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. Dedicated decontamination nurses were responsible for ensuring that high standards were followed. Records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

A specialist endodontist worked at the practice and accepted in-house and local referrals. The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. In addition to this the practice manager had attended recruitment and onboarding training day in May 2019 to enhance their knowledge. We looked at five staff recruitment records. These showed the practice manager followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Are services safe?

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in November 2018 in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The practice manager and assistant manager demonstrated that fire safety was of high importance within this practice. They held in-house training for the team in November 2018 and had made large cardboard cut outs of flames to place in areas to restrict staff exiting the building. These were placed around the practice whilst the staff were completing theory training to see how they would react once the alarm had been raised. The practice manager showed us their fire drill evacuation reports and was proud that the team had halved their evacuation time through routine practice and training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The three yearly critical examination had been completed for all X-ray equipment in 2017 however none of the X-ray units had been serviced on an annual basis in line with manufacturers guidance. We discussed this with the practice manager and compliance lead who assured us that this would be rectified. We were sent confirmation within 48 hours of the inspection that servicing had been scheduled for January 2020.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. However, the results of these audits were not fed back to the clinicians to share learning and drive improvement.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. Due to being part of a corporate organisation there was a dedicated health and safety team that supported the practice to monitor and update health and safety arrangements.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the 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 vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. This was last completed in May 2019. In addition to this medical emergency scenario training was completed in house as part of staff meetings to ensure staff were kept up to date.

Emergency equipment and medicines were mostly available as described in recognised guidance. At the time of our inspection the practice was awaiting delivery of a size four oropharyngeal airway that was on back order with their supplier. We found staff kept records of their checks of these to make sure they 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 General Dental Council Standards for the Dental Team.

The provider had comprehensive risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The risk assessments were regularly reviewed to ensure that all products were still used.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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 held NHS prescriptions; we found some improvement was required. The practice recorded prescription serial numbers at the point that they were issued to patients. This did not give assurance that individual prescriptions could be tracked and monitored. We were sent details of the new procedure for monitoring NHS prescriptions within 48 hours of our inspection.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been four recorded incidents. We saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Specialist services such as endodontics, dental implants, periodontics and orthodontics were available at this practice. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.

The specialist orthodontists carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

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

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

Staff had access to intra-oral cameras, digital X-rays and microscopes to enhance the delivery of care.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate and promoted monthly oral health initiatives and campaigns on their social media website and in the monthly newsletter.

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

In addition to the dental hygienists there was a dentist with a special interest in periodontics who had recently started to provide periodontal treatments for patients at the practice.

As part of this the practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the

Are services effective?

(for example, treatment is effective)

risks and benefits of these, so they could make informed decisions. We saw this documented in patients' 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 might 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 may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs and past treatment. The dentists assessed patients' treatment needs in line with recognised guidance. We found that medical histories were not always updated in clinical care records in a small sample that we reviewed. We discussed this with the practice manager and compliance lead who advised that they would discuss this with clinicians in the practice.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, however the results were not shared with clinicians to drive improvement. The

compliance lead informed us that the organisation was aware of this failing and a training session had been scheduled for practice managers within the organisation to receive effective audit training.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The company funded online training for all employed staff. External training such as basic life support, infection prevention control and fire safety was provided in house for all staff. The dental nurses had extended duties which included radiography, orthodontic nursing, implant nursing, impression taking and topical fluoride application to enhance patient support.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for dental implants, endodontics, periodontics and orthodontics. There was a dedicated team that logged, monitored and ensured the dentists were aware of all incoming referrals daily. The team monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

Are services caring?

Our findings

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

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 lovely, extremely friendly and helpful. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Several patients told us that they had been attending this practice for many years and that they would not wish to be seen anywhere else. Comments received also stated that staff were compassionate and understanding.

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

Music was played in the treatment rooms and there were magazines, a water dispenser, free Wi-Fi signage and a dedicated children's area with colouring sheets and pencils in the waiting areas.

Information folders contained comprehensive information for patients to read including: details of local community teams and well-being services, treatment fees, patient testimonials, translation services and staff biographies. In addition to this, monthly newsletters were placed in the waiting room.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

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. Recent renovations and refurbishment to the practice had included adding a patient consultation room

next to the reception area for private conversations. If a patient asked for more privacy, the team could utilise the patient consultation room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. In addition to this all incoming telephone calls during peak periods were taken by reception team members in an upstairs room away from the desk to enhance privacy.

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 to 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). We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the patient information folder, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

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

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

Are services caring?

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, videos, X-ray images and an intra-oral camera. The intra-oral

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

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

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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

12 cards were completed, giving a patient response rate of 24%.

All views expressed by patients were positive. Although two comments were mainly positive mixed with negative feedback including 'I had an emergency appointment and I wasn't familiar with the dentist, but they were just as professional and made me feel as comfortable as my usual dentist. However, when calling to book myself in the receptionist came across as rude', this contrasted with many comments received describing how helpful and professional the reception team were.

Common themes within the positive feedback were friendliness of staff, good facilities and good explanations of treatment options.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice manager had completed autism awareness training to better understand how the practice could support patients with autism. We were told of a patient with learning disabilities that liked to see the same receptionist and the team would ensure that they were available to greet this patient when appointments were scheduled.

The practice had made reasonable adjustments for patients with disabilities. This included step free access,

automatic doors at the entrance, a low-level area of the reception desk for wheelchair users, a dedicated car park with two disabled parking bays, a hearing loop, reading glasses, an accessible toilet with hand rails and a call bell and braille signage in reception.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Timely access to services

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

All patients were reminded of appointments two days before either by text message or email dependant on the patient's preference. Staff told us that they telephoned patients who had a 45 minute or longer appointment scheduled the day before their appointment.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. Two patients commented that they had a long wait for their appointment.

The staff took part in an emergency on-call arrangement with some other local practices for their private patients. The practice signposted NHS patients to the NHS 111 out of hours service.

The practice's 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 an emergency appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Additional support was available from the group's internal complaints lead.

The provider had a policy providing guidance to staff about 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 manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight many issues. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

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

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care. They had embedded vision and values which were to put the patient at the heart of everything they do.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders and were told of two staff members that they were supporting to complete implant nursing qualifications following appraisal discussion.

The staff focused on the needs of patients. The practice had recently aligned receptionists to specific clinics so that they could manage diaries and be accountable as patient liaison for appointment bookings and queries.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

The practice held monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. In addition to this, weekly newsletters were emailed to all staff to share group updates. In addition to this, quarterly meetings were held for clinicians, monthly group meetings were held for practice managers and quarterly meetings were held for nurses.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The head nurse supported by the clinical director 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.

The practice was part of a corporate group which had a head office 'The Port' where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Are services well-led?

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance info, surveys and external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys, verbal comments and online feedback to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, Wi-Fi codes were displayed for patients to access the internet following patient feedback.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. Results from October 2019 showed 100% of patients would recommend this practice to friends and family.

The practice regularly used their own patient satisfaction surveys to seek feedback and gather possible improvement ideas from patients. They had collated the results from the

most recent survey which was completed in November 2019. The results showed that 100% of patients felt the dental team were caring and 100% of patients would recommend this practice.

The provider 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

The provider had systems and processes for learning, continuous improvement and innovation.

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits however the outcomes for the record keeping and radiography audits were not fed back to clinicians. This did not give assurance that learning was shared to drive improvement. We discussed this with the practice manager and compliance lead who advised that plans were in place to rectify this shortfall.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.