Benson Dental Practice Limited

Benson Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 6 March 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 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

Benson Dental Practice is in Cradley Heath, West Midlands and provides NHS and private treatment to adults and children.

A portable ramp is used to provide access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice car park and unrestricted parking is available on local side roads.

The dental team includes one dentist, three dental nurses and one dental hygiene therapist. The practice has two treatment rooms.

Summary of findings

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 Benson dental practice is the principal dentist.

On the day of inspection, we feedback from 24 patients.

During the inspection we spoke with the dentist and a dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Friday from 9am to 6pm, Tuesday and Thursday from 9am to 1pm. The practice is closed for lunch between 1pm and 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Basic life support training was overdue, evidence was available to demonstrate this training had been booked for April 2019.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures and had followed these recently when employing staff.
- 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 were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by 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 to help them improve.

Staff received training in safeguarding people 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 dental hygiene therapist worked without dental nurse support one day per week when working as a dental hygienist. A new member of staff had been employed and was starting at the practice soon which would help to ensure that the hygiene therapist had dental nurse support always.

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.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, great and professionally done. The dentist 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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

The principal dentist took part in external peer review as part of its approach in providing high quality care.

Are services caring?

No action

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were first class, friendly and helpful.

Summary of findings

They said that they were given detailed, honest explanations about dental treatment and had trust in the dentist to do only what was needed. We were told that their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Are services responsive to people's needs?

No action ✓

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone or face to face interpreter services and had arrangements to help patients with sight loss. A member of staff was in the process of identifying equipment that would be beneficial at the practice to assist those patients with hearing loss

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 provider 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 and 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. The principal dentist was the safeguarding lead, staff said that they would speak to them about any safeguarding concerns or queries. We saw evidence that staff received safeguarding training to level two or three. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had 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 had a whistleblowing policy. Staff could report concerns to an external organisation if they did not wish to speak to someone connected with the practice. Contact details for this organisation were detailed in the whistle blowing policy. We were told that staff were encouraged to speak out and staff said that they were happy to do this and felt confident that they could raise concerns with the principal dentist without fear of recrimination.

The dentist used dental 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, a referral would be made to a specialist for a second opinion.

The provider had a business continuity plan. This contained scenarios for staff to help them deal with events that could disrupt the normal running of the practice. For example, the action to take in case of loss of electricity supply or computer systems. External contact details were also included. A copy of this was kept off site by the principal dentist.

We looked at three staff recruitment records. These showed the practice followed their recruitment procedure for the most recently employed staff member. Other staff had been employed for many years and prior to this provider taking over the practice. The practice had a newly developed recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation including information to be obtained prior to employment of staff in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 that gas appliances were serviced in September 2018 and a five-year fixed wiring check was completed in June 2016. Portable appliances were checked by an external professional and six monthly visual checks were completed.

A fire risk assessment had been completed by an external company in February 2018 and a date of review was recorded as February 2019. Issues for action identified on the 2018 risk assessment had been addressed.

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. Logs were kept which recorded weekly fire alarm tests, six monthly fire drills and annual emergency lighting and full fire alarm tests. We saw records to demonstrate that emergency lighting was last serviced in March 2019 and fire extinguishers in February 2018.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

Are services safe?

We saw evidence that the dentist 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.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. The practice had an on-line quality manual which contained copies of risk assessments. For example, we saw risk assessments regarding sharps, the portable accessibility ramp, use of step ladders and a general practice risk assessment. The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which expired on 31 March 2019.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. The practice was using a safer sharps system and a sharps risk assessment had been undertaken which was reviewed 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. Basic life support training was last completed in February 2018 and was overdue. We saw evidence to demonstrate that this training had been booked on 26 April 2019.

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

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team. The dental hygiene therapist worked without dental nurse support one day per week when working as a dental hygienist. When working as a hygiene therapist they had dental nurse support. We were told that a new member of staff had been employed and was starting at the practice soon. This would help to ensure that the hygiene therapist had dental nurse support always.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. A control of substances hazardous to health (COSHH) folder contained copies of risk assessments and product safety data sheets. We saw that a review had taken place in January 2019 to ensure that details of products in use were up to date. We saw that there were more risk assessments in place than product safety data sheets.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. The principal dentist was the infection control lead named on policies and staff were aware whom to contact in the practice if they had any questions or queries. Staff completed infection prevention and control training and received updates as required. Staff at the practice had developed a training video regarding decontamination of used dental instruments. This was available on the computer desktop for staff to view at any time.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We identified that there was no clearly marked dirty to clean flow in the decontamination room. This was addressed during this inspection. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in December 2018. The practice was identified as a low risk. Some issues for action were identified and evidence was available to demonstrate that action had been taken to address these issues. Records of water testing and dental unit water line management were in place.

Are services safe?

We saw cleaning schedules for the premises. Staff had also completed an environmental cleaning audit. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw that clinical waste bin was locked but was not secured to the wall/ fence. Following this inspection, we were sent photographic evidence to demonstrate that the clinical waste bin was now secured.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards and no actions were required. We saw audits dated 1 August 2018 and 1 February 2019.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) 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 provider had reliable systems for appropriate and safe handling of medicines.

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

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

The dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentist was following current guidelines.

Track record on safety and Lessons learned and improvements

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 no safety incidents. The practice had developed a significant event log which recorded events such as complaints, accidents and a recent burglary at the practice. Detailed information was recorded along with learning points and action taken. Discussions were held with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice had access to a digital X-rays and an intra-oral camera to enhance the delivery of care.

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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. The principal dentist had completed an audit regarding the use of children's' fluoride varnish. An action plan had been developed to address issues identified. This related to non-attendance for an appointment and implementing systems so that more appointments were available for children during the school holidays.

The dentist and hygiene therapist where applicable, 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. We saw leaflets regarding oral cancer, gum disease and cosmetic dental treatments. A television played dental information for patients to view whilst waiting to see the dentist.

The practice was aware of national oral health campaigns and local schemes 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 outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

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 dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients could view their X-rays or pictures from the intra-oral camera on the patients' screen by the dental chair. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We were told that the dentist took their time answering questions and gave detailed explanations and that patients were always given a copy of their treatment plan.

Staff understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. The practice's child protection policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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 dentist assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentist and hygiene therapist recorded the necessary information.

Staff had a clear understanding of the implications of Sepsis (a serious complication of an infection) and the common signs and symptoms.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. Induction information

Are services effective?

(for example, treatment is effective)

included the names of staff who held lead roles within the practice. A health and safety orientation checklist was also available. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. We were told that appraisals were overdue and that meetings had been scheduled for April 2019.

Co-ordinating care and treatment

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

The dentist 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 also had systems 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 using an online referral system which enabled them to check the status of any referral to an NHS service they had made.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Patients told us that staff chatted to them and put them at ease when they visited the practice.

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

Patients commented positively that staff were friendly, helpful and knowledgeable. We saw that staff treated patients respectfully, in a kind and caring manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients told us that their needs were quickly established and staff dealt with them with great care and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort. They said that staff were good at putting them at ease.

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. If a patient asked for more privacy, staff 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.

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

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Closed circuit television (CCTV) cameras were in place to help monitor security at the practice. A sign was on display advising patients that CCTV was in use at the practice. The practice had a policy regarding the use of CCTV.

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 Standards and the requirements under the Equality Act

or requirements under the Equality Act:

- Interpretation services were available for patients who did not use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and some communication aids and easy read materials were available. The practice did not have a hearing induction loop. A member of staff was in the process of identifying equipment that would be beneficial at the practice to assist those patients with hearing loss. Following this inspection, we were told that equipment would be sourced and put in use in the practice within the next three months.

The practice 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 provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, 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

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.

An alert was put on the notes of patients who were anxious to make the dentist aware. Staff made every effort to ensure the dentist could see these patients as soon as possible after they arrived at the practice. Anxious patients were often given longer appointment times so that the dentist could spend time explaining treatments. Patients could come in for a chat and bring a friend or relative with them. We were told that some patients wore ear phones to listen to music whilst having treatment. There was a patient screen by the dental chair which showed relaxing images of landscapes and could be used to show X-rays and photographs taken by the intra-oral camera. The principal dentist told us that they talked to patients to try and find out what made them anxious with the aim of taking action to reduce their fears. Patients could request an appointment at a time when the dental practice was less busy.

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

The practice had introduced a chalk board and chalk in the waiting area for children to use whilst waiting to see the dentist. Change for life information posters were on display around the chalk board.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A portable ramp could be used by those patients with wheelchairs or pushchairs. An alert was put on their patient records so that staff could ensure the ramp was in place before their appointment. Grab rails were also in place by entrance doorways. The practice had a ground floor treatment room. A magnifying glass was available and information on the clinipad could be changed to an enlarged font. Staff assisted patients if required with the use of the clinipad. The patient toilet was located on the ground floor this included hand rails and a call bell, but the toilet was not wheelchair accessible.

A disability access audit had been completed in January 2018 and an action plan formulated to continually improve access for patients. This was reviewed and updated in December 2018. Details of action taken since the previous audit were recorded.

Text and email reminders were sent to patients to remind them of their appointment. Staff also gave a courtesy call to patients following any extraction or lengthy dental treatment.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Patients could always get an appointment when needed at a time that suited them.

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

The practice had an appointment system to respond to patients' needs. Patients commented that they were seen on time and were not kept waiting. Patients who requested an urgent appointment were seen 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.

The staff took part in an emergency on-call arrangement with the dentist working there and utilised the 111 out of hour's service.

The practice's website 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 had systems in place to respond to them appropriately to improve the quality of care. Some staff had completed training in complaint handling.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice website had a copy of the complaint policy which explained how to make a complaint. This included contact details for external organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

The principal dentist was responsible for dealing with complaints. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response. Reception staff said that they would try to address any niggles immediately before they became a complaint.

The principal dentist aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

The practice had not received any complaints within the last two years. Systems were in place to enable the practice to respond to concerns appropriately and discuss outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist demonstrated they 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.

Staff told us that the principal dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care. A copy of the dental practice charter was on display. Some of the priorities recorded were to have courteous, friendly staff, to treat information as confidential, keep the premises clean and safe and to ensure staff were committed to continuous professional development.

Staff stated they felt respected, supported and valued. We were told that there was a relaxed, family atmosphere at the practice and a good continuity of staff. Staff said they were proud to work in the practice. The practice focused on the needs of patients.

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. They had confidence that these would be addressed. We were shown evidence to demonstrate that monthly practice meetings were held and minutes of these meetings were kept. Staff also said that informal meetings were held daily to discuss issues or changes as they occurred. The principal dentist kept part-time staff updated with any changes or other information by email.

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 and 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. We saw that some of the policies required review and update. Following this inspection, we were told that the quality manual had been reviewed and policies had been updated as required.

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. Staff had recently completed training regarding the General Data Protection Regulations.

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, social media and verbal comments to obtain patients' views about the service.

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

The last satisfaction survey completed at the practice was October 2017. The practice had a social media page where patients were updated with any information about the

Are services well-led?

practice. Patients could leave feedback on this site. Patients were also able to leave feedback on the practice's website. Patients received an email asking for feedback after every appointment. The practice had a computer tablet and patients could leave feedback whilst using this. The principal dentist said that, even though encouraged, patients rarely left feedback. We saw that one positive feedback had been documented on the NHS Choices website. We were told that staff were discussing ways to increase patient feedback at the next practice meeting.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff discussed some recent suggestions that had been implemented at the practice.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, hand hygiene and anti-microbial prescribing. 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 dental nurses 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. The principal dentist informed us that appraisals were slightly overdue with the last appraisal having taken place in January 2018. Appraisal meetings had been arranged for April 2019.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. Basic life support training was overdue, but we were shown evidence that this had been booked for 26 April 2019. The provider supported and encouraged staff to complete CPD. Staff told us that they had regular discussions and updates and opportunities to complete training.