

Wightwick Dental Practice

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Inspection Report

Wightwick Dental Practice
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Overall summary

We carried out this announced inspection on 12 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

Wightwick Dental Practice is in Wolverhampton and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the front of the practice.

The dental team includes two dentists, one dental nurse and one receptionist. Specialist dentists who also work at the practice on an as required basis include an implant dentist, oral surgeon and orthodontist. The practice has

Summary of findings

one treatment room that is currently in use and one other which is set up and ready for use. Other treatment rooms which require equipment to be installed are available for use in the future.

The practice is owned by a partnership 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 Wightwick Dental Practice is the principal dentist.

On the day of inspection, we received feedback from ten patients.

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

The practice is open: Monday, Thursday and Friday 9am to 5.30pm, Tuesday 9am to 6pm and Wednesday 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained. Patients commented that the practice was modern and always immaculate.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available but missing items were purchased on the day of inspection.
- 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. Staff had worked at the practice since it opened and had previously been employed by the partners at another practice.
- 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 practice website shows that patients could request early morning or evening appointments.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. Staff said that they were proud to work at the practice.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems in place to deal 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 availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk product safety data sheets are available.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They had systems in place to help them use learning from incidents and complaints 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.

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. Not all appropriate medicines and life-saving equipment were available but missing items were purchased on the day of inspection

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 first class, excellent and provided by professional, caring staff. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients told us that the dentist explained everything in detail, took their time to answer questions and gave lots of information regarding treatment options.

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.

No action



Are services caring?

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

We received feedback about the practice from ten people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, empathetic, kind and friendly.

They said that they were given detailed, honest and helpful explanations about dental treatment, said their dentist listened to them and was patient and kind. Patients commented that they made them feel at ease, put any fears about treatment to rest and made them feel relaxed, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. We were told that the practice was very accommodating and patients could get an appointment at a time that suited them.

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 or hearing loss.

The practice took patients views seriously. They valued compliments from patients and had systems in place to respond to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The 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.

No action



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. Staff were aware of whom within the practice they should report safeguarding concerns to. The safeguarding lead was named on the practice policies. Staff checked contact details of external agencies who were responsible for investigation of safeguarding concerns at least annually. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice 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 felt confident they could raise concerns without fear of recrimination. 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. Staff felt confident they could raise concerns without fear of recrimination. We were told that staff were encouraged to speak out.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. A copy of this was available to the business partners whilst off the premises.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These staff had been employed since 2007 and 2011 at another practice previously owned by the provider. 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. Portable appliance checks were completed annually by an external professional and a member of staff completed visual checks on a monthly basis. We were shown a copy of a gas safety certificate dated June 2018 and a five-year fixed wiring test certificate dated April 2014.

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 recording tests completed and service certificates were held on file to demonstrate this. Staff completed fire drills on a quarterly basis during their practice meetings. Records of fire drills were kept. The principal dentist had completed a fire safety course. Staff watched a fire safety video on a regular basis as part of their in-house training.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice had a cone beam digital scanner, staff were not carrying out regular checks of this machine as this was not currently being used... We highlighted checks would need to be completed prior to use.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

Are services safe?

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. We looked at a sample of risk assessments regarding display screen equipment, physical security of the premises and a general practice risk assessment. The practice had up to date current employer's liability insurance which was on display in the waiting area.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. There was also a protocol and risk assessment for when not using safe sharps dated March 2019.

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 every year. Basic life support, use of an automated external defibrillator and airway management training was completed by staff involved in inhalation sedation at the practice. Staff completed medical emergency scenario training quarterly during practice meetings.

Some items of emergency equipment were missing from the emergency equipment kit, including two sizes of oropharyngeal airways, two sizes of clear face masks and a self-inflating bag. These were ordered on the day of inspection. Emergency 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. The frequency of checks of emergency oxygen was discussed. Emergency oxygen was being checked on a weekly basis, the principal dentist confirmed that this would be checked daily going forward.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous

to health. Product safety data sheets were not available for all substances in use. The practice partners told us that this information would be obtained and kept with the risk assessments.

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. 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 HTM 01-05. A hatch system was in use to transfer items to and from the decontamination room. There was a clearly defined flow of instruments in to and out of the decontamination room which included entrance and exit doors. 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. All recommendations had been actioned and records of water testing and dental unit water line management were in place. The practice had completed a review of the risk assessment in 2018 and no changes were required.

The practice was visibly clean when we inspected. Patients commented that the practice was always clean and appeared hygienic. Practice staff completed all cleaning and we saw cleaning schedules for the premises.

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

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

Information to deliver safe care and treatment

Are services safe?

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

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. Significant events had been recorded, the last documented was in 2016. This had been discussed with the rest of the dental practice team to prevent such occurrence happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong.

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 dental practitioners 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 offered cosmetic orthodontics, oral surgery and dental implants. These were completed by visiting specialists who had undergone appropriate post-graduate training. We were told that the uptake for dental implants had been low and no implants had been placed within the last 12 months.

The practice had access to digital X-rays, intra-oral cameras, a cone beam digital scanner and a Orthopantomogram (OPG) used to take panoramic X-rays of the upper and lower jaw to enhance the delivery of care to patients.

Helping patients to live healthier lives

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

The dentists 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 dentist 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.

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.

Patients with more severe gum disease were recalled at more frequent intervals for review 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 team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We were told that the dentist took their time to answer any questions that they had and gave detailed explanations. Patients were always given a copy of their treatment plan and could have a copy sent to them by email if preferred. Treatment plans were detailed and contained information regarding risks, benefits and costs of treatment.

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.

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 the practice audited patients' dental care records to check that the dentist recorded the necessary information.

The practice carried out conscious sedation for patients. 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.

Are services effective?

(for example, treatment is effective)

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 staff 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 also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record. The practice had a separate recovery room for patients following sedation.

Effective staffing

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

Staff were given a copy of the practice staff handbook upon employment. This contained copies of policies, procedures and other important information. Induction documentation was available for use when employing any new staff. Those currently in employment had worked for

the partners since 2007 and 2011. 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 and during formal and informal meetings with the partners. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. We were told that staff could ask to complete any training relevant to their role. Staff confirmed that they were encouraged to complete training and could ask for training updates at any time.

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 if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told that staff made them feel at ease and took their time to answer any questions they had.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The 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 the 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.

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

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.

Involving people in decisions about care and treatment

Staff helped patients to 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 speak or understand English. 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 communication aids and easy read materials were available.

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

The dentists 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 cameras 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. Extended opening hours were available one day per week until 6pm for patients who found it difficult to attend the practice during normal working hours. Staff said that they were flexible and would always try to fit a patient in for an appointment, often staying open later than advertised to accommodate patients' needs. The practice website stated that early morning and evening appointments were available upon request.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were told that staff would spend time chatting to anxious patients to try and make them feel relaxed. Patients could bring a friend or relative with them and longer appointment times were given if needed. This enabled the dentist to spend extra time explaining treatments to those who were anxious. An alert could be put on patient records to notify the dentist that a patient was anxious. Staff made every effort to ensure that the dentist could see anxious patients as soon as possible after they arrived. Radios in the waiting area and in the treatment room were also used to try and provide a relaxed atmosphere. Magazines were also available in the waiting area. Patients could be offered a drink whilst waiting to see the dentist.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We observed the receptionist opening the door for patients. They told us that they could see patients entering the car park and always tried to aid those patients that needed it.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, a selection of reading glasses and accessible toilet with hand rails and a call bell.

A disability access audit had been completed on an annual basis. No issues for action were identified.

Patients could be given a phone call, text or email reminder of their appointment dependent upon their preference. Staff also made a courtesy call to patients following any extraction or lengthy dental treatment.

The practice offered patients private payment plans to help spread the cost of dental treatment. Details of the payment plans were on display in the waiting room and were available on the website.

Timely access to services

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

The practice displayed its opening hours on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Appointment slots were kept free each day to enable the dentist to see patients in dental pain. 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 at the practice.

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 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.

The practice had a policy providing guidance to staff on how to handle a complaint. One of the principal partners was the named complaints lead and was responsible for dealing with any verbal or written complaints. Staff would inform them of any formal or informal comments or concerns straight away so patients received a quick response.

Staff aimed to settle complaints immediately if possible. Patients were invited to speak with the complaint lead in

Are services responsive to people's needs?

(for example, to feedback?)

person or over the telephone to discuss their concerns. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments complaints the practice received within the last 12 months. We were told that the practice had not received any verbal or written complaints.

We saw that complaint handling was discussed at a practice meeting. We were told that the outcome of any complaint would be discussed with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

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

Leaders at all levels were 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.

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

The practice focused on the needs of patients.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The practice had a duty of candour policy which all staff had read and signed to confirm that they would work in accordance with the policy.

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

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management, clinical leadership and day to day running of the practice. 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. Staff had completed information governance training.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. Feedback seen was positive, we saw examples of suggestions from patients the practice had acted on.

The receptionist recorded and monitored feedback received from patients. This was discussed at practice meetings. We were shown patient feedback from January 2018 to February 2019. Positive feedback was recorded with patients commenting that staff were friendly and helpful, an excellent practice and extremely likely to recommend the practice to family and friends. The practice also had a social media site which they used to update patients with information. Patients could also leave comments on this site.

The practice gathered feedback from staff through meetings and informal discussions. Staff confirmed that they were a small team who worked closely together and were encouraged to offer suggestions for improvements to the service and said that these were listened to and acted on. The principal dentist said that they welcomed staff feedback and implemented suggestions for change or improvement wherever possible.

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, cancer risk, access to information, radiographs and infection prevention and

Are services well-led?

control. The practice had an audit policy. Audits were also completed regarding General Data Protection Regulations and an appointment audit. They had clear records of the results of these audits and the resulting action plans and improvements.

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

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.