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Moorland Dental Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 4 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 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

Moorland Dental Clinic is in Burslem, Stoke on Trent and provides private dental 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, including for blue badge holders, are available at a pay and display car park near the practice.

The dental team includes one dentist and two dental nurses, one of whom is the practice manager and the other who also works as a receptionist. The practice has one treatment room currently in use and another which has been recently refurbished and is now ready for use.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 35 CQC comment cards filled in by patients. CQC also received an email with positive feedback from one patient.

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

The practice is open: Tuesday to Thursday from 8.30am to 2pm. The practice is open for telephone advice only on a Friday from 8.30am to 12.30pm. Staff work at the practice on a Monday, answering telephone calls, completing cleaning and administration duties.

Our key findings were:

- The practice appeared clean and well maintained. Refurbishment work had recently been completed including the commissioning of a ground floor treatment room.
- 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. Staff completed immediate life support and basic life support training every year.
- The provider 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.
- The clinical staff provided patient care and treatment in line with current guidelines. Positive comments were received from patients about the treatments received.
- 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 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 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:

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

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.

No action

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

No action

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

No action

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

No action

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

No action

Are services safe?

Our findings

We found that 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. The practice owner was the safeguarding lead. Staff said that they would not hesitate to discuss any suspicions of abuse with them. We saw that contact details for reporting suspected abuse were on display behind the reception desk, in the patient information folder in each waiting room and in the surgery folder kept in the treatment room. 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. Flow charts were available to guide staff of the reporting process and forms were available to enable staff to log concerns. Safeguarding had been discussed at a recent practice meeting.

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. A colour coded note would be put on patient records to alert staff of health or other support needs.

The practice had developed a policy regarding modern-day slavery. Staff had signed to confirm that they had read the policy and practice meeting minutes demonstrated that discussions were held regarding this at a recent meeting. Staff confirmed that female genital mutilation (FGM) was also discussed at a practice meeting and staff were aware of how to report any concerns about FGM.

The provider had a whistleblowing policy. The policy did not include contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. The practice manager confirmed that the policy would be amended to incorporate this information. However, we were told that it was a small staff team who worked closely together and discussed issues as they arose. Staff felt confident they could raise concerns without fear of recrimination and said that they would not hesitate to do so.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the 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.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan did not include up to date emergency contact numbers for staff to use in an emergency. Staff confirmed that they had access to some emergency contact details. The provider confirmed that they would upload the information onto the computer system so that the information would be available off site in case staff were unable to access the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. One of the dental nurses had worked with the provider for over 24 years, the other nurse was employed in 2018. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure. Relevant recruitment checks were available for each member of staff. Disclosure and barring service checks had been completed for all staff. A self-employed locum dental nurse was occasionally used at the practice and we saw that a recruitment file was in place which contained relevant information regarding registration, qualifications and other safety checks.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. A gas safety certificate was available dated November 2018, a five-year fixed wire safety certificate was seen dated February 2015 and portable appliances had

Are services safe?

been tested in 2018. We saw evidence to demonstrate that visual checks had been completed on portable electrical appliances on an annual basis. Staff also said that they always checked any electrical appliance before use.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We saw that fire extinguishers were serviced in August 2019 and the fire alarm in February 2019. Staff were confident that the emergency lighting was serviced as part of the fire alarm and were able to describe the checks completed. However, documentation from the external company who completed the servicing did not clearly demonstrate this. Records were available to demonstrate that maintenance had been completed, for example replacement of bulbs in the emergency lighting. Records were available to demonstrate that in-house checks were completed on smoke alarms, escape lighting, the fire warning system, firefighting equipment and escape routes. Detailed records were kept of the six-monthly fire drills completed and staff discussed learning and changes made to practice as a result of the fire drill. Staff undertook fire safety training on a regular basis.

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

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits twice per 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. For example, the practice had completed risk assessments regarding dental nursing, fire, health and safety and a practice risk assessment. Actions had been taken where issues were identified.

A member of staff worked alone at the practice one morning per week. The staff member was able to describe the action they took to mitigate any risk and ensure their safety. However, there was no lone workers risk assessment.

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 which was due to expire in September 2020.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. The risk assessment did not include details of all sharps instruments in use at the practice. We also noted that the contact number for occupational health was not recorded on the sharps information poster. The provider confirmed that these items would be updated immediately. Following this inspection we were sent evidence to demonstrate that the required action had been taken.

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. Records to demonstrate immunity to hepatitis B were not available for one member of staff. The staff member had recently obtained a copy of their vaccination record but this did not record the required information regarding immunity. We saw that a risk assessment was in place for each dental nurse and this covered sharps injuries. The practice manager confirmed that until they were able to obtain the information required they would complete a risk assessment regarding hepatitis B.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Immediate life support training with airway management for sedation was also completed. Training certificates demonstrated that immediate life support training was completed in November 2018 and basic life support training in March 2019. Scenario training was completed during the immediate life support training. The practice manager confirmed that they were also introducing medical emergency scenarios during some practice meetings.

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

We discussed sepsis management and identified that sepsis management had been included within recent

immediate life support training. Sepsis had also been discussed at a practice meeting. Systems were in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. Flow charts and posters were on display giving information about the signs and symptoms of sepsis.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council (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. A control of substances hazardous to health file was available. Information regarding products in use at the practice was available in alphabetical order for ease of use. Material safety data sheets were printed off for some products and a memory stick containing information regarding all products was also available for use.

The practice occasionally used a self-employed locum dental nurse. We were told that this nurse received a verbal induction but documentation would be made available for future use and a more formal approach be implemented to ensure that they were familiar with the practice's procedures.

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.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was 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 which was completed in October 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place. Staff had completed legionella training in March 2019.

We saw cleaning schedules for the premises. 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. Clinical waste was securely stored before collection and consignment notes were available; these must be completed before any clinical waste is removed from the premises. We saw a copy of the acceptance audit dated February 2019.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in August 2019 showed the practice was meeting the required standards and no issues for action were identified.

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.

Are services safe?

We saw that private prescriptions were securely stored. The dentists were aware of current guidance with regards to prescribing medicines.

Evidence was available to demonstrate that an antimicrobial prescribing audit was in the process of being carried out.

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Systems were in place to enable staff to monitor and review incidents. This would help staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents. Systems were in place to ensure that any safety incident would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. Guidance information and policies were available for staff.

For example, seven steps to significant event analysis and a policy on reporting and managing untoward incidents. The practice had an accident book and information regarding the reporting of injury disease or dangerous occurrence regulations (RIDDOR). We were told that there had been no RIDDOR incidents at the practice. One staff accident was recorded in the accident book.

The provider was aware of never events, the yellow card system (for reporting adverse drug reactions or medical device adverse incidents, defective medicines, and counterfeit or fake medicines within the UK), and the serious incident framework (to help identify, investigate and learn from serious incidents).

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. Safety alerts were a standing agenda item for each practice meeting and we saw evidence that where alerts had been received they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep the dental practitioner 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 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 supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Patients were signposted to their GP practice for information on smoking cessation. Oral health advice was given by the dentist and one of the dental nurses had training to be an oral health educator. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were 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

Records showed 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

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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. All patients were given a written information sheet to sign before any treatment commenced, this included a written treatment cost estimate. Patients signed to demonstrate consent to treatment. Costs of treatments were on display in the waiting rooms and in the patient information folder. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a policy with 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. Staff had completed training regarding consent, the Mental Capacity Act and Dementia. Staff spoken with were aware of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. 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 who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines

Are services effective?

(for example, treatment is effective)

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 showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, one of the dental nurses had completed an oral health educator course and gave patients advice regarding oral health and, for example, demonstrated the use of interdental brushes and electric toothbrushes to help maintain oral hygiene.

Staff new to the practice had a period of induction based on a structured programme. We saw evidence that a new induction training programme had recently been developed and both dental nurses had completed this training. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Personal development plans were completed for all staff at the practice.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

The provider 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 was using an online system for referrals which enabled them to check the status of any referral to an NHS service they had made. Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

The practice was closed to patients on the day of inspection, we therefore did not observe the usual interactions between staff and patients. However, staff said that it was top priority to treat patients with kindness, respect and compassion. Dental nurses had completed training regarding equality and diversity, customer service and complaint handling. During the inspection a member of the public entered the practice for some advice. Staff were observed to be helpful and friendly and the member of the public was heard praising staff as they left the premises.

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

Patients commented positively that staff were professional, knowledgeable and brilliant and that staff treated them with the utmost respect, were attentive, caring and kind. The responses received on CQC comment cards were overwhelmingly positive.

Patients said staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient said that they had "a fear of going to the dentist but coming here puts my mind at rest – I cannot thank them enough". Another patient commented "I get very anxious when having to go to the dentist but (name) and everyone make my visits more relaxed".

A patient information folder was available for patients to read.

Privacy and dignity

Staff 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. The practice had a waiting room on both the ground and first floor. Whilst a patient was in the treatment room with the dentist on the first floor, patients waited in the ground floor waiting room and then moved to the first floor when the patient had finished with the dentist. This ensured that patients could not overhear conversations at the reception desk. 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.

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. We saw:

- Staff told us that currently all patients registered at the practice could speak and understand English, however contact details were available for interpreter services and these would be used as appropriate.
- Staff said that they knew their patients well and communicated with them in a way that they could understand. Information could be printed in large print if required and staff said that they would assist patient's reading or understanding information provided. A magnifying screen was available to assist patients with visual impairment. Notifications on patient dental care records alerted the dentist if a patient required extra support, for example a patient who was visually or hearing impaired or who had mobility difficulties.

Staff gave patients clear information to help them make informed choices about their treatment. Patients were given a copy of a treatment estimate with details of costs of each treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. One patient commented "(name) provide ideal dental care and always have time to explain procedures". A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 on the importance of emotional support needed by patients when delivering care.

Staff told us that extremely anxious patients could receive sedation at this practice if this was their choice. One patient told us that they "have sedation as they fear going to the dentist but coming here puts my mind at rest". Staff discussed the action they took to try and make anxious patients feel at ease. This included chatting with them to take their mind off the treatment. A television in the waiting room and music playing in the treatment room also helped to relax patients. We were told that some patients brought a family member with them, others wore ear phones to listen to music. Notes were made on dental care records to alert the dentist if a patient was anxious. Staff said that they knew the majority of their patients well as they had been visiting the practice for many years.

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

Patients commented that they could always get an appointment when they needed one. One patient commented "I always receive care and attention in a timely manner".

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. This included a portable ramp to gain access to the building and for use inside the building as there was a small internal step. The main treatment room was located on the first floor of the building. A stair lift was available for use if required. The practice had recently commissioned a ground floor treatment room with knee break dental chair allowing easier access to the dental chair for those patients who used a wheelchair. There was an accessible toilet with hand rails and a call bell. The practice does not have a hearing loop. Staff had discussed the need for this during a practice meeting and it was agreed that patients would be asked if they would find this equipment beneficial before the practice purchased one. Staff said that currently they were able to communicate with patients who had hearing impairments without difficulty. An A4 sized magnifying screen was available to help patients with visual impairments.

Staff sent an email, text message or telephoned patients to remind them of their appointment approximately one week before the appointment date. Staff also made courtesy calls to some patients after treatment. Calls were particularly made to patients who were anxious or to those who had received sedation. Other calls were made at the request of the dentist.

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 in the premises.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day wherever possible or within 24 hours of contacting the practice. One appointment slot was kept free each day that the practice was open to be used by patients suffering from dental pain. One patient commented "I have always been able to get an emergency appointment quickly if needed" another patient said, "they help with any dental problems and will fit you in in an emergency as soon as possible". Patients had enough time during their appointment and did not feel rushed.

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

The practice's 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 provider and practice manager took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

Are services responsive to people's needs?

(for example, to feedback?)

The provider had a policy providing guidance to staff on how to handle a complaint. Information for patients on how to make a complaint was on display in each waiting room and in the patient information folder. Pictorial information on how to make a complaint was also available.

The practice manager was responsible for dealing with complaints. Staff 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 saw that systems were in place to help the practice respond to concerns appropriately and we were told that where appropriate complaints would be discussed with staff to share learning and improve the service.

The practice had not received any complaints but had received many compliments.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care and demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

Staff said that the principal dentist was visible and approachable. We were told that everyone worked well together and the principal dentist worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values. The practice aims and objectives were set out in the practice Statement of Purpose, some of which are detailed below:

- to provide consistently good quality general dental services to our patients in accordance with the Regulator's Scope of Practice document; which describes the areas of dentistry where knowledge, skills and experience are held to be able to practise safely and effectively in the best interests of our patients
- to ensure that the care provided to our patients always meets the fundamental standards (as a minimum) set out by the Care Quality Commission

Objectives:

- to always have a patient-centered approach to delivering our services
- to have a holistic approach to patient care, where we are able to discuss and advise on general health issues as well as oral health issues
- to ensure that the premises and equipment used to provide the regulated activities are correctly maintained and fit for purpose, making adjustments and upgrades as necessary
- to ensure that all staff actively maintain their continuing professional development activities as required by the Regulator, and to encourage further training and self-improvement where desired
- to have a robust governance system in place which enables us to assess, monitor and improve our services on a rolling basis

Culture

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

Staff stated they felt respected and said that the practice was led by the provider who was a good leader, caring and supportive. Staff said that they were a small team who worked well together and the practice had an inclusive, family atmosphere, they felt valued and they were proud to work in the practice.

The staff focused on the needs of patients. A portable step had been purchased to enable patients to easily access the stair lift and a knee break dental chair had been purchased to enable wheelchair patients to easily access the dental chair. We were told that patients' needs were always top priority.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. A Duty of Candour policy was available and staff had signed to demonstrate that they had read this document.

Staff could raise concerns and were encouraged to do so, and 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 provider 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 purchased a compliance system which included policies, procedures, risk assessments and audit documentation. These had been adapted to meet the needs of the practice and had been implemented. Staff had signed to demonstrate that they had read documentation and these had been discussed at practice meetings. Policies seen recorded a date of implementation and

Are services well-led?

review. The practice manager was able to upload information onto the computerised compliance system and reminders were generated. For example, when equipment required servicing or when staff were due for update training.

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

Appropriate and accurate information

Staff 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 provider 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

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

The provider used patient surveys and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had asked staff to move the suggestions box to a more prominent place in the waiting room. Patients had also requested the arrangements regarding the waiting rooms to ensure privacy whilst at the reception desk.

Satisfaction surveys were available in the waiting room for patients to complete. We saw the results of the surveys for August 2019. The practice manager had collated results and kept the original survey responses. Positive feedback was left by all patients. Surveys were checked and discussed at practice meetings. The results were collated twice per year and we saw that the results were also available for April 2019 and October 2018.

The provider gathered feedback from staff through meetings and informal discussions. Monthly practice meetings were attended by all staff. Training topics were included on the agenda, staff said that they discussed all aspects of the practice, as well as having standing agenda items such as patient safety alerts. Staff were able to add items to the agenda for discussion during practice meetings. Staff said that they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

The provider had quality assurance processes to encourage learning and continuous improvement. We were shown the May 2019 audit of dental care records, February and August 2019 radiograph audits and infection prevention and control in February and August 2019. The practice had also completed a treatment success audit in October 2019, and an oral cancer risk factor audit in September 2019. They had clear records of the results of these audits and the resulting action plans and improvements.

The provider 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 provider took part in peer review and was a British Dental Association expert member.

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.