Regency House Dental Practice Limited

Regency House Dental Practice - Stone

Inspection Report

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Overall summary

We carried out this announced inspection on 19 February 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

Regency House Dental Practice - Stone provides NHS and private treatment to adults and children. In addition to the general dental provision the practice provides orthodontic treatments. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the problem

Summary of findings

falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice car park. Additional car parking including spaces for blue badge holders, are available in pay and display car parks near the practice.

The dental team includes four dentists, a visiting implantologist, two dental hygiene therapists, two dental hygienists, eight dental nurses, one receptionist, one decontamination lead and the practice manager. The practice has five treatment rooms.

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 Regency House Dental Practice - Stone is the principal dentist.

On the day of inspection, we collected 47 CQC comment cards filled in by patients and spoke with one patient.

During the inspection we spoke with three dentists, four dental nurses, one dental hygienist, the decontamination lead and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday from 9am to 5.15pm.

Thursday from 9am to 6.15pm.

Friday from 9am to 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance. An annual statement of decontamination had not been completed annually and Infection prevention control audits had not been completed every six months in line with recognised guidance. This was immediately rectified and evidence was sent to us within 48 hours of our visit.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. The practice held safety data sheets for all products,; but had not completed risk assessments in accordance with their control of substances hazardous to health policy. A fire risk assessment had been completed which outlined routine checks for completion, these were not being completed within the timeframes outlined in the risk assessment.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding flowcharts containing relevant local authority safeguarding contact details were on display in the practice managers office and available in reception and treatment rooms for staff.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health. They routinely referred patients to their dental hygienist and hygiene therapists through a clear care pathway. Several dental nurses had completed oral health education and topical fluoride application training to support patients with oral health education and tooth brushing advice.
- The appointment system took account of patients' needs. Patients could access routine treatment and urgent care when required. The practice offered extended hours appointments opening until 6.15pm on Thursdays.
- The provider had effective leadership and culture of continuous improvement. Several dental nurses had completed extended duty dental nurse qualifications in radiography and impression taking training to enhance patient support.

Summary of findings

- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided. Results of feedback were analysed and discussed at staff meetings to share learning. Friends and Family Test results were on display in the waiting room.
- 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 practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular ensuring infection prevention control audits are completed every six months and an annual statement of decontamination is completed.
- 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 assessments are undertaken for all products.
- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.

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 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. Safeguarding flowcharts containing relevant local authority safeguarding contact details were on display in the practice managers office and available in reception and treatment rooms for staff.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. A fire risk assessment had been completed which outlined routine checks for completion, these were not being completed within the timeframes outlined in the risk assessment. The fire logbook was amended to reflect the correct frequency for checks.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. An annual statement of decontamination had not been completed annually and Infection prevention control audits had not been completed every six months in line with recognised guidance. This was immediately rectified and evidence was sent to us within 48 hours of our visit.

Guidance was available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials. We found that risk assessments had not been completed for any of these products. We were advised this would be rectified.

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, gentle and first class.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients consistently told us that the dentists took the time to fully explain any treatments and took care to ensure they were comfortable.

The practice was committed to providing preventative oral hygiene advice and support. In house referrals were made to the practice's dental hygienists and dental hygiene therapists. In addition to this four dental nurses held the oral health education qualification and delivered weekly clinics to support patients with oral health advice. Patient information leaflets and education screens were placed in the waiting rooms to further support and educate patients.

Summary of findings

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools and care homes.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online referral system was used to monitor and track outgoing referrals.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. Several dental nurses had completed extended duty dental nurse qualifications in radiography, impression taking, oral health education and topical fluoride application training to enhance patient support.

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 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were wonderful, very caring and knowledgeable. Many patients commented that they would not wish to be seen anywhere else and they had complete trust and confidence in their dentist.

They said that they were given detailed explanations about dental treatment, and said their dentist always listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. Several patients advised that the dentists were very kind and great with children and elderly relatives.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. During the inspection we saw staff showed a caring and respectful attitude towards patients.

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 repeatedly commented they could get an appointment quickly if in pain. The practice offered extended hours appointments opening until 6.15pm on Thursdays.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. Renovation to the building had been thoughtfully designed to enhance accessibility where possible. This included ramped access to the main entrance of the building, an accessible patient toilet, a lowered part of the reception desk for wheelchair users and a ground floor treatment room. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. Results of feedback were analysed and discussed at staff meetings to share learning. Friends and Family Test results were on display in the waiting room. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Summary of findings

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. Staff told us that they felt well supported and could raise any concerns with the practice manager and the principal dentist. All the staff we met said that they were happy in their work and the practice was a good place to work.

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. Safeguarding flowcharts containing relevant local authority safeguarding contact details were on display in the practice managers office and available in reception and treatment rooms for staff. 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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation (FGM). Several staff members had recently completed FGM awareness training.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental 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 practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Records showed that firefighting equipment, such as fire extinguishers, were regularly serviced. Fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested however the frequency for doing so required review as it was not in accordance with that recommended in the practice fire risk assessment. The fire logbook was amended to reflect the correct frequency for checks.

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

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

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. The practice had current employer's liability insurance which was displayed in the reception area.

We looked at the practice's arrangements for safe dental care and treatment. The staff did not follow relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken to reflect current practice processes and was updated annually.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

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 dentists, dental hygienists and dental hygiene therapists when they treated patients in line with GDC Standards for the Dental Team.

Guidance was available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials. We found that risk assessments had not been completed for any of these products. We were advised this would be rectified.

The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They mostly 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. 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 did not complete infection prevention and control audits twice a year. An infection prevention and control audit was completed within 48 hours of our inspection which showed the practice was meeting the required standards. We were told that these audits would be completed every six months in future. We also found that the practice had not completed an annual statement of decontamination, this was immediately rectified following our inspection.

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. We found that water testing was completed on all taps rather than just the sentinel taps as advised in line with a risk assessment which was completed in July 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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.

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?

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

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 four incidents recorded. The incidents were investigated, documented and discussed 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. Following a staff member bumping their head hazard tape was applied to a low-level part of the ceiling.

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 was a referral clinic for orthodontic treatments. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment was provided under NHS referral for children, except when the problem fell below the accepted eligibility criteria for NHS treatment. Private treatment was available for these patients as well as adults who required orthodontic treatment.

Monthly clinical meeting provided the opportunity for clinicians to discuss clinical pathways, changes to legislation and current dental standards. Topics recently discussed included Sepsis and NICE guidelines.

The practice offered dental implants. These were placed by a visiting implantologist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to clini-pads to enhance the delivery of 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 practice was committed to providing preventative oral hygiene advice and support. In house referrals were made to the practice's dental hygienists and dental hygiene therapists. In addition to this four dental nurses held the oral health education qualification and delivered weekly clinics to support patients with oral health advice.

Patients receiving orthodontic treatments were provided with specific details on how to look after the orthodontic braces to prevent problems during treatment. Patients were given details of dental hygiene products suitable for maintaining their orthodontic braces; these were available for sale in reception. These included disclosing tablets that could be used to help patients improve cleaning the areas of their teeth that are hard to reach due the fitted braces.

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 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 clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Patient education screens were placed in the waiting rooms to further support and educate patients.

The dental hygienist 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.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools and care homes.

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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

Are services effective?

(for example, treatment is effective)

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, several dental nurses had completed extended duty dental nurse qualifications in radiography, impression taking, oral health education and topical fluoride application training to enhance patient support. The team had dedicated leads who were delegated responsibility for different tasks to utilise strengths within the team.

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

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.

The practice was a referral clinic for orthodontic treatments and they monitored and ensured the dentists were aware of all incoming referrals daily.

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 wonderful, very caring and knowledgeable. Many patients commented that they would not wish to be seen anywhere else and they had complete trust and confidence in their dentist.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Several patients advised that the dentists were very kind and great with children and elderly relatives.

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 some 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.

Involving people in decisions about care and treatment

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

Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- 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 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 photographs, models and X-ray images.

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.

The practice manager shared examples of how the practice met the needs of more vulnerable members of society such as vulnerable adults, adults and children with a learning difficulty and patients living with dementia.

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.

The practice had made reasonable adjustments where possible for patients with disabilities. These included steps free access, large print documents and an accessible toilet with hand rails.

All patients that had opted to receive appointment reminders by text message were sent these two days before their appointment. In addition to this all patients attending for long appointments received a courtesy reminder call the day before their appointment.

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, and included it in their information leaflet and on their website. The practice offered extended hours appointments opening late every Thursday until 6.15pm.

The practice had an appointment system to respond to patients' needs. 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 NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff 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 in the waiting rooms and practice website about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

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

Are services well-led?

Our findings

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.

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

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

Vision and strategy If applicable

There was a clear vision and set of values. The practice mission statement which was printed on the hallway wall was 'to provide a range of modern services with our enthusiastic and caring team, to enhance, create and maintain oral health giving you a smile to be proud of'.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

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

Staff told us that they felt supported and could raise any concerns with the practice manager and the principal dentist. All the staff we met said that they were happy in their work and were proud to work in the practice.

The practice focused on the needs of patients.

The practice manager advised of procedures in place to take effective action to deal with poor performance should the need arise.

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.

The practice held weekly team huddles and monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys 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 saw that results from the survey in January 2019 showed that 100% of the 17 respondents were likely to recommend the practice to a friend or family member.

Are services well-led?

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

Continuous improvement and innovation

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 radiographs. They had clear records of the results of these audits and the resulting action plans and improvements. The practice did not complete infection prevention and control audits twice a year. An infection prevention and control audit was completed within 48 hours of our inspection and showed the practice was meeting the required standards

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

The whole staff team 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.