Dr. Rajesh Nahar

The Valley Centre Dental Practice

Inspection Report

92A Eskreet Street
Hednesford
Cannock
Staffordshire
WS12 1AP
Tel: 01543878171
Website: www.thevalleydental.co.uk

Date of inspection visit: 27 February 2019
Date of publication: 30/04/2019

Overall summary

We carried out this announced inspection on 27 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

The Valley Centre dental practice is in Hednesford, Staffordshire and provides NHS and private treatment to adults and children.

Summary of findings

A portable ramp is available to provide access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the patient car park at the front of the practice. Patients are also able to park their cars on local side roads.

The dental team includes five dentists, seven dental nurses, including the assistant manager, one dental hygienist, one dental hygiene therapist, a cleaner and a practice manager. The practice has five treatment rooms.

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 received feedback from 18 patients.

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

The practice is open: Monday, Wednesday and Thursday 9am to 5.30pm, Tuesday 9am to 7.30pm and Friday 9am to 4pm. The practice is also open every third Saturday between 9am and 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- 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. There was no evidence that one member of staff had completed all of the required safeguarding training. We were told that in-house training was completed during practice meetings.
- The provider had staff recruitment procedures, although Disclosure and Barring Service (DBS) checks were not available at the required level for a dentist.
- 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 had extended hours opening on one day per week.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- 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 and the products are stored securely.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

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 had systems in place to use learning from incidents to help them improve.

There was no evidence that one member of staff had completed all of the required safeguarding training. All other staff had completed this training. Staff spoken with knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed 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. Appropriate medicines and life-saving equipment were available.

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, professional and of an exceptional standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients were given a treatment plan and had time to consider treatment options before making a decision.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

The staff were involved in quality improvement initiatives such as a good practice scheme. The principal dentist took part in external peer review as part of its approach in providing high quality care.

Are services caring?

No action

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

We received feedback about the practice from 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, considerate and helpful.

They said that they had good communication about treatment which was helpful and explained in detail. Patients said their dentist listened to them and made them feel at ease, especially when they were anxious about visiting the dentist.

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?

No action 

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. The practice had late night opening on a Tuesday until 7.30pm and was open every third Saturday from 9am to 1pm.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to 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 responded to concerns and complaints quickly and constructively.

Are services well-led?

No action 

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

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

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the safeguarding lead with the practice manager and assistant manager as named support. Staff were aware whom within the practice to report safeguarding concerns to.

We did not see evidence that one member of clinical staff had completed all of the required safeguarding training. We were told that staff were trained to the appropriate level and that in-house training was also completed during practice meetings. 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. Staff contacted the parents of children under five years old who failed to attend their appointment encouraging them to re-book. Staff also monitored recall times for any vulnerable adults and contacted those patients who had not attended the practice within the recall timeframe.

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 dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, 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 was held off site by the practice and assistant manager and the principal dentist. An agreement was in place with a local dental practice to provide cover in case of an emergency.

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 three 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 took some action to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, although improvements were required. We were not shown any evidence to demonstrate that electrical wiring had been subject to a five-year fixed wiring test. The gas safety certificate identified that urgent action was identified. The principal dentist said that the required work had been taken to address issues identified on the gas safety certificate and they were awaiting a copy of the certificate to demonstrate this. The principal dentist confirmed that an electrician was booked to complete a wiring check on 21 March 2019.

A fire risk assessment had been completed by the practice manager. The practice manager did not have a full understanding of the regulations, guides or standards they should use whilst undertaking the fire risk assessment.

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. An action plan was available to demonstrate that issues for action identified during routine servicing had been acted upon. Staff were recording weekly and monthly tests of the fire alarm and emergency lighting and checks of fire extinguishers. The

Are services safe?

practice team undertook regular fire drills, the practice manager confirmed that details of these drills would be recorded in the fire log book in the future. We were told that staff had completed fire safety training during a practice meeting and following this inspection we were told that staff were going to complete on-line fire 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 five intra-oral X-ray machines and one Orthopantomogram (OPG) used to take panoramic X-rays of the upper and lower jaw.

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. We looked at a sample of risk assessments regarding violence at work, trainee dental nurse, legionella and a general practice risk assessment. The practice had up to date current employer's liability insurance which was dated 18 December 2018.

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. This did not record details of all sharps equipment. Following this inspection, we were sent a copy of the updated sharps risk assessment which recorded all sharps instruments in use at the practice.

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. The practice did not have proof that one staff member was adequately protected against the risk of hepatitis B. There was no risk assessment regarding non-immunised or non-responder for this member of staff. Following this inspection, we were sent a copy of a risk assessment for non-responder to hepatitis B.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support 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 and in working order.

A dental nurse worked with the dentists and the dental hygienist/hygiene therapist when they treated patients in line with GDC Standards for the Dental Team. Enough staff were employed to ensure that staff vacancies were covered at times of holiday or sick leave.

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 available for all products. The provider said that these would be re-printed in a larger font. We highlighted cleaning chemicals were stored in a closed cupboard that could potentially be accessible to patients as there was no lock on the door.

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 manager and assistant manager were the infection prevention and control leads named on the policy.

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 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.

A cleaner was employed who worked at the practice every day that the practice was open. 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. Contracts were in place for the removal of clinical and commercial waste. Clinical waste was secured stored. An acceptance audit and consignment notes were available for review.

The practice carried out infection prevention and control audits twice a year. The latest audit, dated 3 December 2018, 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.

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.

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

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to safety issues. The practice had systems in place to monitor and review 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 not been any safety incidents reported. We found that untoward events were not always recorded. We were told about a recent untoward event and the actions taken to address the issues. However, staff had not recorded this information and there was no evidence that this was discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

The practice did not have a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and staff were unaware of recent alerts affecting dental practice as a result. However, the principal dentist confirmed that they would sign up to receive these and assured us they would check for any outstanding alerts. Following this inspection, we were sent evidence to demonstrate that the provider had registered with the MHRA website and we received confirmation that the practice was already receiving alerts via the Central Alerting System.

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 orthodontics and dental implants. These were completed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. Dental nurses assisted the dentist during dental implant procedures. We were told that these nurses had completed in-house training.

The practice had access to intra-oral cameras to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

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 dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Contact details for smoking cessation clinics were available to give to patients if requested. 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, took their time to answer any questions that they had and gave clear and concise explanations and information about their treatment. Patients were always given a copy of their treatment plan. Treatment plans were detailed and contained information regarding risks, benefits and costs of treatment. We were told that patients could have time to think about treatment and book another appointment to discuss treatment options with the dentist.

Staff showed a thorough understanding of the Mental Capacity Act and Gillick competence guidelines, and how it might impact on treatment decisions. 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 dentists, hygienists and hygiene therapists recorded the necessary information.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

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.

We saw evidence of completed appraisals, these did not record how the practice addressed the training requirements of staff. Appraisal documentation had not been signed by the appraisee and there was no space for any comments/discussions to be recorded. Documentation did not record whether any personal development needs identified during the previous appraisal had been addressed. Following this inspection, we were sent a copy of updated appraisal documentation which had space to record the improvements discussed.

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate and understanding. We were told that the practice had cured them of their anxiety when visiting the dentist. Patients could choose whether they saw a male or female dentist. The practice manager told us that in the warmer weather some anxious patients preferred to sit and wait to see the dentist outside on a bench. Reception staff would go outside and inform the patient when the dentist was ready to see them.

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

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.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act:

- Interpretation services were available for patients who did not understand or speak English. Patients were also told about multi-lingual staff that might be able to support them. Some staff at the practice could communicate with patients who spoke Polish or Punjabi.
- 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. We were told that the dentists gave clear, detailed information about treatment options and the costs of these. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Information leaflets were available regarding some treatments available at the practice.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice. The costs for these treatments was included on the practice information leaflet and on a fees page on the website.

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. Staff told us that they were flexible and tried to book appointments at a time that suited the patient. The practice provided extended opening hours on a Tuesday until 7.30pm and was open from 9am to 1pm every third Saturday.

Staff were clear on the importance of emotional support needed by patients when delivering care. Patients told us that staff were kind and caring. An alert was put on the records of patients who were anxious and staff tried to ensure that the dentist could see anxious patients as soon as possible after they arrived at the dental practice. Staff told us that patients could be given an appointment at a less busy time of the day. Patients could bring a friend or relative with them to their appointment. Reception staff chatted to anxious patients to try and make them feel relaxed.

Staff said that they aimed to provide a relaxed atmosphere and we were told that some dentists had a particularly calming influence on patients. Patients could help themselves to a drink of water whilst waiting to see the dentist. Televisions in the waiting room broadcasted a news channel and other televisions showed information regarding cosmetic and dental treatments available at the practice.

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 for patients with disabilities. A portable ramp could be used by those patients with wheelchairs or pushchairs as there was a small step to gain access to the front of the building. A hearing loop, reading glasses and accessible toilet with hand rails and a call bell were available. If a patient was unable to access the first floor they could be seen in one of the three ground floor treatment rooms. The practice had a clinipad for recording medical history, staff would assist patients to complete information if required.

A disability access audit had been completed in October 2018 and an action plan formulated to continually improve access for patients.

The practice operated a short notice cancellation list. Those patients who had requested an earlier appointment or an appointment at a specific time were called when one became available. Text messages or phone call reminders were sent to patients to remind them of their appointment. Staff also gave a courtesy call to patients following any extraction or lengthy dental treatment.

The practice offered patients private payment plans to help spread the cost of dental treatment. Costs of treatment were on display in the waiting room, in the practice leaflet 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 in the premises, and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Appointment slots were kept free each day to enable the dentist to see patients in dental pain. Patients could sit and wait to see the dentist once these appointment slots were full. 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. There was a notice on the reception desk advising that there could be a delay due to the dentist seeing emergency patients and that if there was a delay of 30 minutes patients could re-book their appointment. Reception staff told us that patients were always kept informed if the dentist was running late. They could also telephone patients who had not yet attended for their appointment and inform them of the delay offering a later appointment or to re-book. We were told that the dentists generally saw patients on time. Patients commented that they were seen on time.

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

The practice's website, information leaflet and answerphone provided telephone numbers for patients

Are services responsive to people's needs?

(for example, to feedback?)

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. A copy of the complaint policy was on display. Pictorial information explaining how to make a complaint was also on display.

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. Complainants were offered an appointment with the principal dentist or practice manager to discuss their concerns. Contact could be made over the telephone if they preferred. Information was available 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 last twelve months. Systems for recording complaints needed improvement. Details of complaints received were recorded on patient dental care records. A log of information and copies of correspondence were kept on file for any written complaints. The practice were not keeping a log of verbal complaints and were not monitoring these. Following this inspection, we were told that a practice meeting was being held to discuss systems for recording and monitoring complaints with a view to implementing a new system for recording verbal complaints.

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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff were aware who held lead roles within the practice and said that these staff were approachable and helpful. Staff told us that leaders had an open-door policy and encouraged staff to speak out.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager was supported by an assistant practice manager. Both staff supported the principal dentist.

Culture

The practice had a culture of high-quality sustainable care, they were a member of a good practice scheme and had been since 2015.

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

The practice focused on the needs of patients. Staff told us that morale was good and they felt appreciated for a job well done.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The General Dental Council nine principles were on display in the waiting room for patients to read as well as a Statement of the aims of the practice.

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, who was supported by an assistant 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 recently introduced an information governance folder which included relevant policies and procedures such as consent, data protection, privacy notice and a confidentiality agreement. A system of clinical governance was in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Staff signed a sheet during their induction training to confirm that they had read policies and procedures. We saw that policies were subject to annual review. Staff had not signed to confirm that they had read policies that had been amended. We were told that these were always discussed with staff during practice meetings. Minutes of meetings seen confirmed this.

The practice manager had a checklist which detailed service dates for equipment in use at the practice and details of service and maintenance contracts. This helped to ensure that all equipment was serviced in line with manufacturers recommendations.

There were clear and effective processes for managing risks, issues and performance. Although We were not shown any evidence to demonstrate that electrical wiring had been subject to a five-year fixed wiring test. The principal dentist confirmed that an electrician was booked to complete a wiring check on 21 March 2019.

Information governance training had been booked for all staff to attend on 10 April 2019.

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.

Are services well-led?

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 verbal comments to obtain staff and patients' views about the service. The practice also had a social media site which they used to update patients with information. Patients could also leave comments on this site. We were told about examples of changes made because of comments received. For example, urgent appointment slots had been added to enable the dentist to see patients in dental pain and some appointment times had been extended.

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.

The results of the NHS FFT from January to December 2018 were on display for patients to see. This shows that the majority of patients were either likely or extremely likely to recommend the practice.

The practice gathered feedback from staff through meetings and informal discussions. Practice meetings were held once per month. Minutes of these meetings were put on display on the staff noticeboard and a copy was kept in the staff meeting folder. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, a dental nurse apprentice had suggested developing a dental nurse apprenticeship training book. This had been implemented at the practice and included copies of standardised documentation and feedback forms to enable the apprentice nurse to request further support from staff.

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, prescriptions, pain control, appointments radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. There was no evidence that one member of staff had completed all of the required safeguarding training. Staff told us that the provider supported and encouraged staff to complete CPD.