

P Najran Limited

Wolstanton Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 22 January 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

Wolstanton Dental Practice is in Newcastle-under-Lyme and provides predominantly NHS treatment alongside private treatment to adults and children.

There are two steps providing access into the building. The practice informs all new patients wanting to register that they are not wheelchair accessible and signpost patients that cannot manage the steps, to a nearby practice. There is a free shopping centre car park opposite the practice which also has spaces available for blue badge holders.

Summary of findings

The dental team includes three dentists, four dental nurses, two trainee dental nurses, one dental hygiene therapist, one receptionist, a practice manager and a senior manager. Both managers are qualified dental nurses. The practice has four treatment rooms one is currently out of use.

The practice is owned by an organisation 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 Wolstanton Dental Practice is the senior manager.

On the day of inspection, we collected four CQC comment cards filled in by patients and one letter received from a patient.

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

The practice is open:

Monday and Tuesday: from 9am to 5.30pm

Wednesday and Thursday: from 9am to 5pm

Friday: from 9am to 4.30pm

Saturday: by appointment only.

Our key findings were:

- Effective leadership was provided by the principal dentist and an empowered senior manager.
- Staff felt well supported by the principal dentist and senior manager and were committed to providing a high-quality service to their patients.
- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk to patients and staff. The provider regularly completed health and safety audits to identify and mitigate any risk.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The safeguarding lead was trained to level three in child safeguarding and kept a log of any safeguarding referrals.
- 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.
- The appointment system took account of patients' needs. Patients could access treatment and urgent and emergency care when required.
- The provider had effective leadership and culture of continuous improvement.
- The provider asked staff and patients for feedback about the services they provided. Results of satisfaction surveys were displayed in the waiting room and improvements were made following patient feedback.
- 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 protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. However, we found one dentist did not use rubber dam when completing root canal treatment and they were not disposing of needles in line with the practice sharps policy.

The practice 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. The practice had historically submitted safeguarding referrals to the local authority which they had failed to notify CQC about; their processes were immediately amended to ensure that notifications would be sent in the future. Safeguarding flow charts with local authority contact details were available in reception, the treatment rooms and the management office.

Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice.

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. In addition to annual basic life support training, the team completed medical emergency scenario training twice a year.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as responsive to patient needs, of the highest standard and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online referral system and a referral book were 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. At the time of our visit, the provider was supporting two trainee dental nurses to become qualified.

The practice was dedicated to supporting a diverse range of local community groups by providing preventive oral hygiene advice. Practice dental nurses visited local schools to raise oral health education awareness. Dental samples such as toothpaste were given to local housing support offices. Following our inspection, the practice contacted several care homes to offer support and oral health education training for care staff.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from five people. Patients were positive about all aspects of the service the practice provided. They told us staff were pleasant, friendly and reassuring.

They said that they were given honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

One patient advised that following distressing dental experiences in the past this dentist had rebuilt their confidence. They told us that their dentist was very calm, reassuring and professional and that processes were in place to ensure that they prevented any risk to a known allergy.

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

We observed reception team members supporting patients in a friendly, helpful and polite manner. All patients were met by the dentists in the waiting area and escorted to the treatment rooms.

No action



Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Comments received from patients told us that they could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to face to face interpreter services and kept a log of patients this applied to so that the services could be booked prior to any appointments.

The practice had arrangements to help patients with sight or hearing loss. At the time of our visit, one member of staff was completing a sign language course to enhance patient communication.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Survey results and feedback were on display in the waiting room for patients to read.

No action



Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and empowered senior manager. There was a clearly defined management structure and staff felt supported and appreciated. Staff could raise any concerns with the principal dentist and senior manager.

No action



Summary of findings

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.

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 practice had historically submitted safeguarding referrals to the local authority which they had failed to notify CQC about; their processes were immediately amended to ensure that notifications would be sent in the future.

Safeguarding flow charts with local authority contact details were available in reception, the treatment rooms and the management office. We saw evidence that staff received safeguarding training, the safeguarding lead had completed level three child safeguarding training.

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 and supporting policy 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.

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

The dentists mostly used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. One dentist told us that they did not use rubber dam and had opted to use other methods to protect the airway. We were informed when discussing this with the senior manager that they would address this with the dentist as this was not in line with their practice policy.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

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 six 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 fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Staff members completed fire marshal training every two years.

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 noted that radiation signage was not placed on treatment room doors which contained X-ray equipment. This was immediately rectified.

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. The latest audit had been completed in December 2018.

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 provider regularly completed health and safety audits to identify and mitigate any risk.

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 waiting for patients to read.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff mostly followed relevant safety regulation when using needles and other sharp dental items. One of the dentists did not use a needle guard in line with the practice policy when removing used needles. We discussed this with the senior manager who advised that a meeting would be arranged with this dentist to address this concern. A sharps risk assessment was sent to us within 48 hours of our visit as this was not available on the day.

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. In addition to annual basic life support training, the team completed medical emergency scenario training twice a 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 and the dental hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed October 2018. 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.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in October 2018 showed the practice was meeting the required standards.

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. An online referral system and a referral book were used to monitor and track outgoing referrals.

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.

Antimicrobial prescribing audits were carried out annually. The most recent audit completed in December 2018 demonstrated that the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident. The incident was 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.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice offered dental implants. These were placed 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.

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

Helping patients to live healthier lives

The practice was dedicated to supporting a diverse range of local community groups by providing preventive oral hygiene advice. Practice dental nurses visited local schools to raise oral health education awareness. Dental samples such as toothpaste were given to local housing support offices. Following our inspection, the practice contacted several care homes to offer support and oral health education training for care staff.

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 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.

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. In addition to this, dedicated noticeboards were displayed in the waiting room detailing national health campaigns.

The dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. At the time of our visit, the provider was supporting two trainee dental nurses to become qualified.

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.

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. An online referral system and a referral book were used to monitor and track outgoing referrals.

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

Patients said staff were compassionate and understanding. We observed reception team members supporting patients in a friendly, helpful and polite manner. All patients were met by the dentists in the waiting area and escorted to the treatment rooms.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient advised us that following distressing dental experiences in the past, this dentist had rebuilt their confidence. They told us that their dentist was very calm, reassuring and professional and that processes were in place to ensure that they prevented any risk to a known allergy.

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 speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- A member of staff was completing a sign language course to enhance patient communication.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The senior manager shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, patients living with dementia, and patients with long-term conditions.

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. A detailed log was kept of patients requiring adjustments to ensure that any additional services could be booked prior to any appointments.

The practice was accessed by two steps at the main entrance and wheelchair access was not possible. The practice informed all new patients wanting to register that they were not wheelchair accessible and would signpost patients that could not manage the steps to a nearby practice.

The practice had made reasonable adjustments where possible for patients with disabilities. This included a hearing loop; colour contrasting door frames and hand rails; textured hand rails and carpet and an accessible toilet with hand rails and a call bell.

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

A baby changing unit was available for use in the patient toilet.

Where consent had been given, patients 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 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 senior manager was responsible for dealing with these. Staff would tell the senior manager about any formal or informal comments or concerns straight away so patients received a quick response.

The senior 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 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

Strong and effective leadership was provided by the principal dentist and empowered senior manager. There was a clearly defined management structure and staff felt supported and appreciated. Staff could raise any concerns with the principal dentist and senior manager.

We found leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders 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. At the time of our visit, the senior manager was working closely with the practice manager with whom they were sharing management responsibility.

Vision and strategy

There was a clear vision and set of values. The practice aim was to provide high quality, effective, treatment in safe surroundings and to make the patient's visit as comfortable and productive as possible.

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

The practice focused on the needs of patients and substantial refurbishment improvement had been implemented since the provider took over ownership of the practice in 2009. This included modernising three existing

treatment rooms and building an additional treatment room; installing an accessible toilet with grab rails, an assistance bell and a baby change unit and upgrading the waiting room for enhanced patient comfort.

We saw the provider took effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

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 senior manager and practice manager were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We looked at several policies and procedures and found that they were up to date and had been reviewed regularly. A system was in place to update staff when policies changed.

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.

Are services well-led?

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, a comments book and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, medical history forms were placed online so that patients could download and complete them in preparation for their appointments following patient feedback. In addition to this the practice no longer closed at lunchtime following a discussion with a patient who advised they found it difficult to contact the practice at any other time.

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. Results from December 2018 showed 100% of patients would recommend this practice to friends and family.

The practice gathered feedback from staff through meetings, surveys, 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 dental care records, 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 and senior manager 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.