Oasis Dental Care (Central) Limited

Bupa - Carre Street, Sleaford

Inspection Report

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Overall summary

We carried out this announced inspection on 5 April 2018 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

Bupa – Carre Street is located in Sleaford, a market town in Lincolnshire and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. There are no patient parking facilities on site. There are public car parks in the local area and one located within close proximity of the practice. This includes parking for blue badge holders.

At the time of our inspection, the dental team included five dentists, two locum dentists, six dental nurses, two dental hygienists and two receptionists. The practice had

Summary of findings

also recruited an additional associate dentist, a hygiene therapist and a receptionist who were all due to start working in the practice shortly after our inspection took place.

At the time of our inspection, the practice were not accepting new NHS patients for registration. We were informed that the practice intended to re-open their list in approximately one month.

The practice has eight treatment rooms; four of these are located on the ground floor.

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 new practice manager at Bupa – Carre Street had applied to the Care Quality Commission to undertake the registered manager role and this was being processed at the time of our inspection.

On the day of inspection we collected six CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, five dental nurses, one dental hygienist, two receptionists, the practice manager and a clinical support lead who works for the provider. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday, Wednesday, Thursday and Friday from 8am to 8pm, Saturday and Sunday from 9am to 1pm.

The practice offers emergency dental care to people who are not required to be registered with the practice. This service is provided to people who contact NHS 111 with a dental emergency.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice 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 most systems to help them manage risk. We found that the systems for incident reporting and investigating required improvement.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had implemented staff recruitment procedures, although we found improved monitoring was required.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Additional staff had been recruited to continue to improve access arrangements.
- The practice had effective leadership and was developing a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to any new staff commencing employment at the practice.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- 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. We found that systems required strengthening in relation to learning from incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice had completed most essential recruitment checks. We noted that two members of staff did not have Disclosure and Barring Service checks held on their files and one of these staff did not have evidence of photographic identity recorded. This information was provided to us after our inspection.

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. We noted that practice staff had responded effectively when a serious medical emergency had occurred.

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 professional, excellent and delivered by attentive clinicians.

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.

The practice had recently implemented systems to monitor and support staff to complete training relevant to their roles. A number of staff had been given lead responsibilities.

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 six people. These patients were positive about the service the practice provided. They told us staff were jovial, polite and caring.

They said that they were given treatment by attentive clinicians and said their dentist listened to them. Patients commented that staff made them feel at ease.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

We reviewed patient feedback which had identified some concerns in relation to access to appointments. The practice had undergone provider and management changes; a number of changes had been implemented to improve access arrangements. We noted that some patient feedback acknowledged improvements had been made.

Staff considered most patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and staff spoke a variety of languages. The practice did not have a hearing loop, but we were informed that they had plans to obtain one.

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 recently implemented 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 by the newly appointed practice manager.

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

The practice 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 & premises and Radiography (X-rays))

The practice had 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. We were informed that safeguarding training was required to be completed every two years. We saw evidence on the day of our inspection that most staff had received this training. We noted that four staff members' training certificates were not available for our review. The staff members completed updated training and evidence of this was provided to us after our inspection had taken place.

Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff members had signed an acknowledgement to confirm that they had received the policy. The policy included external contact details for reporting concerns. Staff we spoke with told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was unable to be used, we were informed that the patient would be referred to a specialist or offered an extraction.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. The plan was last reviewed in February 2018.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had requirements in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. We found that most documentation was present with exceptions in relation to Disclosure and Barring Service (DBS) checks for two dentists; one of these was for a locum dentist. We also noted that evidence of identity was not available for the same locum dentist.

Following our inspection, evidence of both certificates was provided to us as well as proof of identity for the locum dentist. We were informed that recruitment checks for new staff were undertaken by the provider's administration department and assurance was usually provided by them to the practice when all checks were complete. The newly appointed practice manager told us that they would ensure that all checks were complete and documentation held in relation to any further staff appointments made.

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 emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations 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 following current guidance and legislation.

We reviewed documentation that showed clinical staff had completed continuing professional development (CPD) in respect of dental radiography. Dental nurses who were not directly involved in radiography were also requested to undertake this CPD.

Risks to patients

Are services safe?

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

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

We looked at documentation held and noted that three dentists (including two locums) and a dental nurse did not have information recorded. Following our inspection, we were provided with the relevant documentation.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Training was last completed in April 2017.

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

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. They also worked with the dental hygienists on their request and planned to work routinely alongside the new dental hygiene therapist. A risk assessment was in place for when one of the dental hygienists worked without chairside support.

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

The practice used locum 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 followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff were in the process of, or had completed infection prevention and control training and they received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was completed in February 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 clean when we inspected.

The practice 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 in April 2018 showed the practice was meeting the required standards. The audits we looked at highlighted where improvements could be made and we noted that actions had been taken to address these, for example minor damage to dental chairs.

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 dentists 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

Are services safe?

managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection 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 practice 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.

Track record on safety

There were comprehensive policies and risk assessments in relation to safety issues. These covered general workplace and specific dental topics. These were reviewed to help manage potential risk. We discussed an incident involving a patient medical emergency which occurred within the previous twelve months. The incident resulted in a positive outcome as staff responded in accordance with medical emergency training received. Staff we spoke with told us the incident was discussed afterwards, but they did not recall that any formal analysis had taken place. We were not provided with a documented and detailed analysis regarding the incident or with any practice meeting minutes to confirm discussions which had taken place.

Lessons learned and improvements –

Staff we spoke with were aware of the Serious Incident Framework.

We looked at six records involving incidents and accidents reported during the previous twelve months. We noted that whilst the records included a brief summary of the nature of the incident, we found that no other information was recorded. The practice did not hold any records of practice meeting minutes during 2017.

The lack of recording may impact upon the practice's ability to review and investigate incidents when things went wrong. The practice was unable to demonstrate that it routinely learned, shared lessons, identified themes and took action to improve safety in the practice.

We spoke with the newly appointed practice manager about the issues we identified. They provided us with assurance regarding how practice systems had since been strengthened since they had joined the practice. We were also provided with meeting minutes from recent practice meetings; these demonstrated improved recording systems.

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.

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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

One of the dentists we spoke with had been appointed as the lead clinician. They told us that they intended to drive a quality improvement initiative. This would involve holding clinical meetings and discussing specific dental cases and policy reviews. We were provided with an example of radiograph audits being continuously undertaken rather than a focus on undertaking a small retrospective sample. They informed us that this was part of their approach in providing high quality 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 dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists and dental hygienist we spoke with told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

We noted that the practice did not have a variety of health promotion leaflets or information about treatments for particular dental problems on display in the patient waiting areas. We noted that the hygienist had material available on health promotion however. We discussed this with the practice manager and they informed us that the practice was currently being re-branded and new documentation would be received in due course.

Following our inspection, the practice manager contacted us and told us that they had obtained some leaflets for display whilst they awaited re-branded literature.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist hygienist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

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

We were informed that a new hygiene therapist had been appointed and was due to start working in the practice shortly after the date of our inspection.

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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We noted that some patients stated in CQC comment cards that their dentist provided professional and excellent care.

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 young peoples' competence, by which a child under the age of 16 years of age can consent for themselves. The staff we spoke with 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.

Are services effective?

(for example, treatment is effective)

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the team had dedicated leads who were delegated responsibility for different tasks to utilise strengths within the team. The practice had nominated clinical, nurse and reception leads. We noted that these staff were supported by the newly appointed practice manager to undertake their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We were informed that appraisals had not been completed for all staff historically. Staff we spoke with confirmed this. The newly appointed practice manager showed us evidence of staff reviews and one to one meetings planned and completed to date. These included identifying staff training requirements and opportunities. We were provided with assurance regarding a structured approach being implemented and this was supported by our discussions held with staff.

Co-ordinating care and treatment

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

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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented in CQC cards positively that staff were jovial, polite and caring. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said in CQC comment cards that staff were compassionate and understanding and were helpful when they were in pain, distress or discomfort.

An information folder was available in the patient waiting area for patients to read. Magazines were provided and a water dispenser was available for patient use.

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 the down stairs waiting area was open plan. We noted that conversations were not overheard however. The practice also had a separate waiting area on the first floor.

Staff told us that if a patient asked for more privacy they 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 be involved in decisions about their care and were aware of the

requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Easy read materials, such as large print medical history forms could be obtained on request.

Our review of records and discussions with staff supported that the practice gave patients clear information to help them make informed choices. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website 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 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.

The practice manager informed us that they had plans to attend local schools and youth groups with the hygienist and disseminate health promotion material to young people. This was intended to raise awareness about ensuring good dental hygiene.

Staff were clear on the importance of emotional support needed by patients when delivering care. The staff shared examples of how they met the needs of patients who were in pain or discomfort or those who required a fast and responsive approach to be taken.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice manager told us that if a patient with mobility problems required a parking space, they would endeavour to provide one in the private staff parking area. We were told that patients with mobility problems were seen in a treatment room on the ground floor.

The practice had made most reasonable adjustments for patients with disabilities. These included a wide front door for wheelchair use, step free access and accessible toilet with hand rails and a call bell. The practice did not have a hearing loop. The practice manager told us that they had plans to obtain one.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

We noted that whilst some patients described that they were satisfied by the overall service provided; changes in staffing had resulted in longer waits to see a dentist or appointments had been cancelled with little or no notice given. We looked at patient feedback in NHS Choices and noted that similar comments were also included in reviews. We discussed access arrangements with the practice manager. We were informed that significant efforts were being made to improve access. The practice manager told us that appointments had been cancelled at the start of the year following a member of the team who left with little notice provided. They told us they had sought to overcome staffing shortage by utilising longer term locum dentists and had recently recruited new permanent clinical and administrative staff. We were also informed that external specialist help was sought regarding the phone line system and improvements had been made as a result.

We noted that some patient comments included that they had seen improvements since the new provider and practice manager had been appointed.

The practice displayed its opening hours in the premises, and included it on their website.

We looked at the practice's appointment system. We found that the appointment system was efficient and responded to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice provided dental care on a daily basis including over weekends. This enabled flexibility for patients with working commitments to attend.

The practice had a contract in place with NHS England to offer emergency dental care to people who were not required to be registered with the practice. This service was provided to people who contact NHS 111 with a dental emergency. The service was provided on Monday from 8am to 6pm, Tuesday, Wednesday, Thursday and Friday from 8am to 8pm, Saturday and Sunday from 9am to 1pm.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Outside of opening hours, patients were advised to contact NHS 111.

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 complaints policy providing guidance to staff on how to handle a complaint. The practice displayed information to patients in the reception area about how to make a complaint.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. 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 twelve months.

Complaints we reviewed showed the practice responded to concerns appropriately. We saw evidence that the newly appointed practice manager discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists demonstrated that they had the capacity and skills to deliver high-quality, sustainable care.

The practice manager, supported by the provider 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. We noted staff development opportunities had been identified and staff were being supported to progress within their roles.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice was developing a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued, particularly by the newly appointed practice manager. They were proud to work in the practice.

The practice was focused on the needs of patients and improving access to effective and responsive dental care.

Leaders and managers demonstrated that they acted on behaviour and performance inconsistent with the vision and values.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They told us they had confidence that these would be addressed, since the appointment of the new practice manager.

Governance and management

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

The practice manager had made an application to become the registered manager. They had overall responsibility for the management and clinical leadership of the practice. The practice manager was also responsible for the day to day running of the service, and was supported by staff who had designated leads. 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 was involving patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patients' verbal comments, and were in the process of conducting a patient survey to obtain staff and patients' views about the service. The website showed high patient satisfaction scores with treatment and care received at the practice.

We saw examples of suggestions from patients that the practice had acted on. For example, changes made to the phone line system to help improve access arrangements.

Are services well-led?

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 practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said they felt these would be listened to if any arose.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

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

The dental team had either received appraisals or plans were in place for them to be undertaken. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of some completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.