

New Road Dental Practice Limited

New Road Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 1 October 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

New Road Dental Practice is in Bromsgrove and provides NHS and private dental treatment to adults and children.

There is access for people who use wheelchairs and those with pushchairs with the use of a portable ramp at the front door. Car parking spaces, including one which is reserved by practice staff for blue badge holders, are available in the practice car park.

The dental team includes eight dentists including one foundation dentist, nine dental nurses including one

Summary of findings

trainee dental nurse, four dental hygienists, three receptionists, a clinical dental technician and a practice manager who is a qualified dental nurse and treatment coordinator. The practice has six treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at New Road Dental Practice is one of the two principal dentists.

On the day of inspection, we collected 45 CQC comment cards filled in by patients.

During the inspection we spoke with five dentists including one foundation dentist, six dental nurses, one dental hygienist, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday from 9am to 7pm

Tuesday, Thursday and Friday from 9am 5pm

Saturday from 9am to 12pm

Our key findings were:

- We noted that the practice ethos was to treat each patient as an individual and maintain honesty in a clean, calm environment, which was patient focused.
- Strong and effective leadership was provided by the principal dentist and empowered practice manager. The practice had won numerous awards over the years and the management team were incredibly proud of their skilled practice team.
- Staff told us that they felt involved and supported and worked well as a team. All staff members we spoke with told us they enjoyed working at the practice and many had done so for over ten years.
- 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 provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided 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 provided preventive care and supported 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.
- Training and development was at the forefront in this practice due to the principal dentists being verified trainers to support newly qualified foundation dentists.
- The provider asked staff and patients for feedback about the services they provided. Feedback from patients received through online forms and 45 CQC comment cards was overwhelmingly positive.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

No action



Are services effective?

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

No action



Are services caring?

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

No action



Are services responsive to people's needs?

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

No action



Are services well-led?

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

No action



Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was a dedicated safeguarding display in the staff room which contained relevant policies, procedures and contact numbers, this information was reviewed monthly. We saw evidence that staff received safeguarding training which was funded by the provider to ensure all staff completed the training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation (FGM). Posters detailing support networks and contact details for any patients experiencing FGM were displayed in the patient toilet.

The provider had a whistleblowing policy which was kept on file and was available on the intranet. Staff told us that they felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan, which had been reviewed in August 2019, describing how they would deal with events that could disrupt the normal running of the practice.

The provider 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 provider followed their recruitment procedure.

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

Staff 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 and firefighting equipment were regularly tested and serviced. Fire drills were completed twice a year, the latest drill completed in April 2019 showed that staff were aware of their responsibilities and evacuated the practice in line with their fire procedure.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

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

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

Are services safe?

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. In addition to this there were individual sharps risk assessments in place for every clinician which they signed to confirm that they would adhere to.

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. We viewed a risk assessment that had been completed for one staff member who was not immune to the vaccine.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition to this all staff completed annual medical emergency agreements which highlighted their confidence levels in dealing with medical emergencies and where they would benefit from additional training and support. Where staff had indicated that they would like further training this was delivered by the practice manager.

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

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

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

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

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

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in June 2019. 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 infection control lead carried out infection prevention and control audits twice a year. The latest audit 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.

Safe and appropriate use of medicines

Are services safe?

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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

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

All clinicians completed a 'never event' checklist for all extraction procedures to ensure that they always removed the correct teeth in line with published guidance.

In the previous 12 months there had been seven incidents recorded. We saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. For example, medical emergency procedures were reviewed and amended following a medicine being incorrectly disposed of by a team member. This incident was discussed at a staff meeting to share learning and drive improvement.

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

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep 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 provider had developed a clear clinical pathway for all patients to ensure that they benefitted from a multiskilled approach whilst receiving care and treatment at the practice. All new patients were booked with the treatment coordinator for an initial assessment where they would be supported to complete personal details, an oral health assessment and their medical history on the practice tablet computer. This enabled the treatment coordinator to take photos and collate as much information as possible to ensure that the patient was booked in to see a clinician who could meet their needs.

The practice offered dental implants. These were placed by some of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

The clinical dental technician ensured that all patients had been referred appropriately by a dentist prior to completing examinations and assessments. They worked closely with the dentists on-site and provided continuity of care to provide dental devices in a timely manner. Patients frequently commented on their positive experiences with this service.

Staff had access to intra-oral cameras, a 3D scanner and a dental wand to enhance the delivery of care. For example, the 3D scanner was used to show patients exactly what the dentist was looking at in their mouth to support treatment planning and shared discussion. The scanner was also used to digitally scan patients' teeth rather than using the traditional impression material which can cause discomfort for patients with gag reflexes. The dental wand had been

purchased to support nervous patients to receive treatment as this was a computer-controlled injection device used to administer local anaesthetic at a slower and steadier rate to reduce pain.

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 supported 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 patients based on an assessment of the risk of tooth decay.

All patients completed a detailed oral health assessment which covered smoking, alcohol consumption and diet which was discussed during appointments. The clinicians routinely referred patients to the practice oral health educator and hygienists as part of their treatment plans to reinforce preventative advice and maintenance. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

The treatment coordinator was on hand to discuss treatment options with patients if they wished to go through their options and confirm what the proposed treatment would involve. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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

The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. 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 might not be able to make informed decisions. The practice had a specific policy on Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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

Effective staffing

Training and development was at the forefront in this practice due to the principal dentists being verified trainers to support newly qualified foundation dentists. Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager was a qualified dental nurse who also supported patients clinically through their additional treatment coordinator role. Several of the nurses had completed postgraduate

radiography and oral hygiene education courses. The provider funded online and in-house training for all staff and were supporting a trainee dental nurse to become qualified.

Staff new to the practice had a period of induction based on a structured programme. The staff induction had been carefully planned to compliment different styles of learning and included an induction checklist, reading materials, shadowing experienced colleagues and task specific demonstration videos.

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, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. For example, a dental nurse indicated an interest in dental implants. The provider developed an implant nurse role which included duties to check and order stock, be a dedicated point of contact for patients and to manage the general running of the clinics to facilitate this request.

Co-ordinating care and treatment

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

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

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

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

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

The practice was a referral clinic for dental implants we saw they monitored and ensured the dentists were aware of all incoming referrals daily.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. The practice had a relaxation room which was quieter for nervous patients, provided calming music and aromatherapy fragrance so that it didn't feel like a clinical environment.

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

The practice team actively engaged with a local charity and supported them by raising money through Santa fun runs, escape room challenges and participating in a local carnival. This encouraged team building whilst supporting the local community.

Patients commented positively that staff were very caring, professional and compassionate. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. All patients were met by the dental nurses or dentists in the waiting room and escorted to the treatment rooms.

Many patients commented that they had been attending this practice for many years and would highly recommend this practice. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient commented "Not registered at this practice. Called this morning with severe tooth/headache and was seen the same day. Put at ease, felt safe and in good hands. Treatment was perfect, painless and thorough. Will register with this practice after the excellent treatment".

Feedback we received from 45 comment cards was overwhelmingly positive and comments included "New Road Surgery is an example of dentistry at its very best. On arrival I am greeted by name, the reception staff are always cheerful and good humoured whilst maintaining a professional manner throughout", "I cannot rate this dental practice highly enough. I have been a patient for many years and have always had a warm welcome, treatment

carefully explained and carried out in a professional manner" and "very pleased with New Road Dental. Professional service and amazing patient rapport. Staff excellent and caring. Very happy patient".

The practice had a comprehensive practice portfolio that was available for patients to read in the waiting room this contained staff biographies, policies and practice information. There were magazines; a children's corner with children's TV and books and complimentary Wi-Fi access available for patients in the waiting room.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. The provider had recognised this and had created a business hub during a recent renovation to the building so that reception calls could be taken privately. This in turn enabled the reception team to focus solely on the patients in the waiting room. If a patient asked for more privacy, staff would take them into the relaxation room or treatment coordinator 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.

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. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter 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.

Are services caring?

- 3D Digital imaging was used to show patients their own tooth structure whilst discussing available treatment options.

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.

Staff 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, information leaflet and treatment coordinator provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, videos, X-ray images, a 3D scanner and an intra-oral camera. The intra-oral camera and 3D scanner 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

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

Responding to and meeting people's needs

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

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

For example, we viewed meeting notes made following a parent discussion with the practice as they wanted to ensure that their child with a learning disability received patient centred care. Following this discussion, the practice manager shared learning with the team and directed them to a website so that they could better understand how to care for patients with this specific type of disability and fully support their needs.

The practice offered hypnotherapy for nervous and phobic patients which was well received and enabled patients to receive care and treatment. A review from one nervous patient who benefitted from this service read "With this dentist, never have I felt pain with an injection. My wife is even braver than I. She prefers to have dental work without injections, thanks to our dentist having embraced the idea that for some patient's complete relaxation can facilitate 'mind over matter' to create pain-free, positive experiences".

Patients overwhelmingly 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. Feedback on CQC comment cards demonstrated that the practice had made adjustments for a patient with a complex medical condition that enabled them to receive care. Another patient told us "The treatment we as a family receive is very good. Throughout my husband's cancer treatment, they were really helpful as he had a lot of problems with his teeth. I wouldn't go anywhere else".

The practice had made reasonable adjustments for patients with disabilities. This included step free access

through the use of a portable ramp, a hearing loop, a magnifying glass, reading glasses, low level reception desk, a water bowl for guide dogs and 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.

Staff described an example of a patient who had a medical condition which meant that their energy levels dropped by mid-morning. The team kept this in mind to make sure this patient was given appointments early in the morning.

All patients were reminded of appointments two working days before either by text message, email or a call dependant on the patient's preference. Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

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. They offered evening appointments until 7pm on Monday and Wednesday and opened from 9am to 12pm on Saturday for those patients unable to attend during usual opening hours. The provider changed their software in 2017 to enhance the patient experience and accommodate online appointment booking.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment 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 practice had 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

Are services responsive to people's needs?

(for example, to feedback?)

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. One of the principal dentists had recently attended a complaints workshop facilitated by NHS England to ensure that their knowledge and processes were up to date.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with complaints. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over 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

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

Leadership capacity and capability

We found the principal dentists had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. They continually sought to improve facilities and had renovated the building in 2017 to accommodate a relaxation room, a treatment coordinator room and a business hub.

The principal dentists 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. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

There was good communication within the practice and daily 'huddle' meetings were minuted to ensure all staff were kept up to date with any changes and updates. Several monthly meetings were held for the full team, dental nurses, reception team and clinicians, these were all documented and shared with staff members. The team used emails and a social media app to communicate quickly with one another.

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

Vision and strategy

There was a clear vision and set of values. The practice vision stated that the team treated each patient as an individual and maintained honesty in a clean, calm environment, which was patient focused.

The strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. The provider was expanding on the services that the practice provided and were looking to introduce a sedation service in the future alongside increasing evening and weekend appointments.

Culture

The practice had a culture of high-quality sustainable care. The practice had won several awards at the Dentistry show which they attributed to the practice vision being understood by all members of the team. The management team were very proud of the practice team and valued the commitment they made to maintain high quality care for their patients. We saw evidence of a cohesive and highly motivated team that were rewarded by their management team with social events such as barbecues and employee of the month awards.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. The principal dentists focused on the team's wellbeing and mental health by providing staff with free access to an NHS accredited clinical hypnotherapist. In addition to this they introduced lunch time stretching and yoga sessions and regularly organised charitable team building events.

The staff focused on the needs of patients and had a patient focus group that they listened to alongside patient feedback to improve patient experience. Patients were consulted in the recent refurbishment and softer lighting; free Wi-Fi and tablet computers were introduced as a result of the patient consultation.

We saw the provider had systems in place to deal with staff 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 told us that they felt well supported and could raise any concerns with the practice manager and the principal dentists. All the staff we met said that they were happy in their work and the practice was a good place to work. They were proud to work in the practice.

We were shown a letter written to the practice team from one staff member which read "I am very privileged to work with such an outstanding team and thanks to them a year and a half on from when I first started, I still feel the excitement of coming to work every day".

Governance and management

Are services well-led?

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

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys, a patient focus group and verbal comments to obtain patients' views about the service. We saw many examples of suggestions from patients the practice had acted on. For example, patients requested a relaxing environment with calming music and aromatherapy style fragrances, this was taken into account when the relaxation room was developed during the refurbishment.

The practice had received overwhelmingly positive feedback from over 1300 patient contacts through various online platforms. The practice ensured that they responded to all feedback received.

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 September 2019 from 25 respondents showed 100% would recommend this practice to family and friends.

The provider gathered feedback from staff through meetings, surveys, peer reviews and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, the provider held a workshop for the team to contribute and input into the rebranding, the team chose the style and colours for their uniform as part of this rebrand.

Continuous improvement and innovation

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

The provider had quality assurance processes to encourage learning and continuous improvement. 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 dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff were encouraged to complete a learning styles questionnaire and personality type test so that the principal dentists could tailor their training. A team member wrote about the principal dentists "they have created a family like environment for all the staff and they always show sincere interest in each employee. They always provide continuous training, so we can always give the best possible care to all our patients".

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.