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Crescent Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 21 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Crescent Dental Care is in Felixstowe and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available near the practice.

The dental team includes five dentists, a senior dental nurse, nine dental nurses including one trainee dental nurse, one dental hygiene/therapist, two dental

Summary of findings

hygienists, the practice manager and a cleaner. The practice has three treatment rooms, two of which have designated separate decontamination areas at the rear of the room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 49 CQC comment cards.

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

The practice is open: Monday to Thursday from 8am to 8pm. Friday from 8am to 1pm and 2pm to 6pm.

Our key findings were:

- Effective leadership was provided by the principal dentist and an empowered practice management team.
- Staff felt involved and well supported by the principal dentist and practice manager and were committed to providing a quality service to their patients by ensuring their patients were their main priority.
- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had embedded safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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. Extended opening hours were available until 8pm from Monday to Thursday and to 6pm on Fridays.
- The practice staff dealt with complaints positively and efficiently.
- The practice had a strong culture of continuous audit, improvement and development.
- The practice asked staff and patients for feedback about the services they provided. Results of feedback were analysed and discussed at staff meetings to share learning. We noted feedback from patients was wholly positive.

We identified areas of notable practice.

We noted a mind map on the wall of the kitchen. This detailed a multitude of areas for staff education which related to the care and safeguarding of patients and how they each related to safeguarding. Areas included the definition of terms such as safe, duty of candour, capacity, consent, privacy, welfare and risk. In addition, the map detailed the definition of the each of the relevant regulations and how these related to the five questions CQC inspected by. One area of the map asked of the practice team are we caring? It then detailed an explanation of what caring meant and was followed by which regulations related to caring and what staff needed to know, such as are people treated with respect and compassion while they are receiving treatment, and do people who use the services, and those close to them receive the support emotionally they need when receiving care and treatment. The practice manager described how as a result staff had a broad understanding and were well-informed of all aspects of the service, and were empowered and confident in their role. We noted from conversations with staff across the practice how these maps and training tools had impacted on staff behaviours and values when providing care and treatment. Staff described how patients frequently commented on the positive atmosphere at the practice.

The principal dentist had systems to review the general and oral health profile of the local population and target areas for improvement. The practice manager described the extensive and effective support the hygienists provided to support young patients with high risk tooth decay. There had been detailed reviews of patients' diet

Summary of findings

intake sheets and oral health products used to understand and clarify why the effects of tooth decay were so prevalent. On-going support and advice were given to ensure any further decay was prevented.

The practice was open 12 hours a day from Monday to Thursday and ten hours on Friday. Staff worked in two shifts from 8am to 2pm mornings and 2pm to 8pm afternoons. Each shift provided access to two dentists and one dental hygienist, each with chairside support.

The principal dentist was aware of the need for oral health support for vulnerable people and adults and children with a learning difficulty living in care homes. The practice had provided funding for three dental nurses to undertake oral health educator (OHE) training. The aim of the practice was to work with local care and nursing homes to provide demonstrations and training for care staff to ensure the best ways of providing effective oral hygiene routines to accommodate all scenarios. The principal dentist described the process they were developing for a training tool to support this. The practice also aimed to extend this to local schools and the community to inform and educate the wider public in the prevention of tooth decay in young children and adults.

The practice had introduced a system to ensure cleaning staff notified a member of the management team when they had completed the cleaning and had left the practice. This ensured there was oversight of the safety of staff who worked alone in the building.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used a wide range of incidents as significant events to ensure all training needs were identified and to prevent such occurrences happening again in the future. This included learning from incidents and complaints and scenarios to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was detailed training information to ensure all staff had a clear understanding of their role and responsibilities. Staff provided us with specific examples of where they had acted to protect vulnerable adults and children.

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

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 very good, excellent and of a high standard. 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 promotion of patients' oral health was given high priority within the practice.

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

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 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were unfailingly polite, caring and professional.

Summary of findings

They said that they were given helpful, 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. Staff gave us specific examples of where they had gone out of their way to support patients, and had worked hard to address the needs of nervous patients.

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

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to internet interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

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

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. We found staff had an open and enthusiastic approach to their work and shared a commitment as a team to ensure the best treatment for their patients, the people in the local community and to continually improving the services they provided.

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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We noted a mind map on the wall of the kitchen. This detailed a multitude of areas for staff education which related to the care and safeguarding of patients and how they each related to safeguarding. Areas included the definition of terms such as safe, duty of candour, capacity, consent, privacy, welfare and risk. In addition, the map detailed the definition of the each of the relevant regulations and how these related to the five questions CQC inspected by. One area of the map asked of the practice team are we caring? It then detailed an explanation of what caring meant and was followed by which regulations related to caring and what staff needed to know, such as are people treated with respect and compassion while they are receiving treatment, and do people who use the services, and those close to them receive the support emotionally they need when receiving care and treatment. The practice manager described how as a result staff had a broad understanding and were well-informed of all aspects of the service, and were empowered and confident in their role. We noted from conversations with staff across the practice how these maps and training tools had impacted on staff behaviours and values when providing care and treatment. Staff described how patients frequently commented on the positive atmosphere at the practice.

The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

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

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Staff told us 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 rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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 practice had a staff 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 one staff recruitment record. This 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 torches were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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.

Are services safe?

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

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

Risks to patients

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

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

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 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 every year.

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. A risk assessment was in place for when the dental hygienist 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 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 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. 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. Staff reviewed and audited the cleaning. There was a lone worker risk assessment in place for the cleaner when the practice was closed and systems in place to ensure the safety and oversight of staff who worked alone in the building.

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 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 accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation 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.

Are services safe?

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 emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

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

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines. We noted Sepsis (a serious complication of an infection) guidance was displayed in each treatment room and staff had a clear understanding of the implications of sepsis and the common signs and symptoms.

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.

Staff had a clear understanding of a wide range of possibilities for review as significant events and used these a learning tool. We saw that events were a standing item on meeting agendas and 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.

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

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Our review of dental records evidenced in depth investigations and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

We received 49 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it. A patient described the treatment they had experienced in order to get their potential root canal treatment resolved. Another patient commented that their emergency appointment had been prompt and they had received great care and attention from the dentists. Other patients described their year long wait to join the practice list and their satisfaction as a result of being a patient at the practice.

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 and adults based on an assessment of the risk of tooth decay.

The dentists 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 and provided health promotion leaflets to help patients with their oral health.

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 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. The practice manager described the extensive and effective support the hygienists provided to support young patients with high risk tooth decay. There had been detailed reviews of patients' diet intake sheets and oral health products used to understand and clarify why the effects of tooth decay were so prevalent. On-going support and advice were given to ensure any further decay was prevented.

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. The practice had processes in place to establish and confirm parental/legal responsibility when seeking consent for children and young people.

Are services effective?

(for example, treatment is effective)

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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We saw action plans following the results of audits which ensured systems were in place to continually review and improve the quality of records.

Effective staffing

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

Staff told us they discussed 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.

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 dental 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.

Due to the popularity of the practice there was a waiting list of over 700 NHS patients hoping to join the practice list.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as courteous, efficient and helpful. Staff were aware of their responsibility to respect people's diversity and human rights.

Patients said staff were compassionate and understanding and they told us they 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.

Information folders were available for patients to read. There were information displays in the waiting area with examples of sugar levels in a variety of foods popular in school packed lunches and sugar contents in alcoholic drinks such as in a glass of wine or beer.

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 privacy when reception staff were dealing with patients. 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

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dental records we reviewed showed that treatment options had been discussed with patients.

The practice gave patients clear information to help them make informed choices. 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 dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, videos and X-ray images. There was a wide selection of leaflets available and folders in the waiting area with comprehensive guidance on treatments. Staff confirmed they could provide information in a larger font if required.

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.

Staff gave clear examples of how they supported and met the needs of more vulnerable members of society such as adults and children with a learning difficulty and people living with dementia and long-term conditions. Service dogs were welcomed at the practice and staff supported patients with reduced vision or hearing to complete or read information.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they needed assistance on the stairs, if they required the dentist to remove their mask for lip reading or if a translator was required.

Patients described high levels of satisfaction with the responsive service provided by the practice. The practice had a helpful website which gave patients comprehensive information about the treatments available, the staff and fees. There were magazines and children's books available in the waiting room to keep patients occupied whilst they waited. There was also a helpful information folder about the practice with details of services, oral health advice and treatment options available.

The practice had made reasonable adjustments for patients with disabilities. These included car parking for blue badge holders, step free access and a ground floor treatment room, a fully accessible toilet with hand rails and a call bell.

A Disability Access audit had been completed and was annually reviewed, an action plan had been formulated in order to continually improve access for patients. This was reviewed and updated when areas identified had been completed.

Staff told us that they used text messaging and e-mails to remind patients they had an appointment. Staff told us that they telephoned some older patients to make sure they could get to the practice. Staff were aware of how to access translation services.

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 practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. The practice was open 12 hours a day from Monday to Thursday and ten hours on Friday. Staff worked in two shifts from 8am to 2pm mornings and 2pm to 8pm afternoons. Each shift provided access to two dentists and one dental hygienist, each with chairside support. Patients told us they 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.

They took part in an emergency on-call arrangement with the NHS 111 out of hour's service.

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

Listening and learning from concerns and complaints

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

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

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

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager or principal dentist 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 over the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care and 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.

The practice manager took responsibility for the overall leadership in the practice supported by the senior dental nurse. Staff described the management team as supportive and approachable.

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

There was a clear staffing structure within the practice itself with specific staff leads for areas such as staff training and equipment management. Processes were in place to develop staff's capacity and skills for future leadership roles. Staff were encouraged to undertake lead roles and expand their knowledge.

Vision and strategy If applicable

There was a clear vision and set of values. The practice aims and objectives included;

- To provide the best quality dental care consistently to all the community.
- Promote good oral health to patients attending the practice.
- To listen to patients wishes and views and learn from them.
- Explain all treatment options thoroughly with the patient to ensure they get the outcome they desire.
- To always act in the best interest of the patient and provide treatment necessary for their individual needs and refer patients for further professional advice and treatment where appropriate.

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. There was a business plan to extend the practice to include two further treatment rooms, a separate decontamination room and a staff room.

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. We found the behaviours and culture of staff reflected the practice aims and objectives.

The practice focused on the needs of patients.

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

Governance and management

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

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

The practice had recently moved to an electronic system of clinical governance. There were clear systems in place to ensure staff had oversight and understanding of policies, protocols and procedures and that these 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.

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, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff and patients the practice had acted on. For example, the principal dentist was aware of the need for oral health support for vulnerable people and adults and children with a learning difficulty living in care homes. The practice had provided funding for three dental nurses to undertake oral health educator (OHE) training. The aim of the practice was to work with local care and nursing homes to provide demonstrations and training for care staff to ensure the best ways of providing effective oral hygiene routines to accommodate all scenarios. The principal dentist described the process they were developing for a training tool to support this. The practice also aimed to extend this to local schools and the community to inform and educate the wider public in the prevention of tooth decay in young children and adults.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We noted results from patient feedback was wholly positive.

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. The practice had introduced a system to ensure cleaning staff notified a member of the management team when they had completed the cleaning and had left the practice. This ensured there was oversight of the safety of staff who worked alone in the building.

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 showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There was a regular programme

of clinical quality and governance meetings where the clinicians met regularly to review clinical standards, audit and discuss their performance.

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.