Dentique Dental Practice Limited

Dentique Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 09 August 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

Dentique Dental Practice is located in Leicester and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice's car park.

The dental team includes three dentists, seven dental nurses (including two trainees), one dental therapist, one decontamination assistant (who also works as the practice cleaner), one receptionist, an assistant practice manager and a practice manager (who also works as a treatment co-ordinator).

The practice provides general dental treatment, dental implants and orthodontics.

Summary of findings

The practice has four treatment rooms, two are 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 registered manager at Dentique Dental Practice is the practice owner.

On the day of inspection, we collected 46 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, the practice owner, the dental therapist, the decontamination assistant, the assistant practice manager and the practice manager.

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 and Thursday from 8am to 6pm, Friday from 8am to 5pm and Saturday from 8am to 12pm once a month.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. We noted some areas of risk that had not been identified expeditiously.
- The practice staff had mostly suitable safeguarding processes. Staff demonstrated awareness of their responsibilities for safeguarding adults and children. We found that some staff had not updated their safeguarding training within the last three years. This was updated following our inspection.
- The practice had staff recruitment procedures; we found that some of these required strengthening.
- The clinical staff provided patients' general dental care and treatment in line with current guidelines.
- The practice provided oral sedation to those patients who would benefit. Whilst the practice had most systems in place to administer this safely, we identified areas that required review. The provider told us they would review guidance and made a decision to stop providing sedation until their review was completed.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice staff were not aware of interpreter services.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and 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 new staff commencing employment at the practice.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensuring that risks are identified promptly and assessments completed expeditiously.
- Review the practice's protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They had processes to record incidents and accidents when they occurred, although none had been reported within the previous twelve months. We found that the policy for incident reporting did not include information regarding reporting less serious incidents. The practice used learning from complaints to help them improve.

Staff received training in safeguarding, although some staff training was updated after our inspection took place. Staff demonstrated awareness regarding recognising the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed a number of essential recruitment checks. We found that references and evidence of staff photographic identity were not always obtained at the point of recruitment.

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 general dental care and treatment in line with recognised guidance. Patients described the treatment they received as professional, appropriate for their needs and superbly administered. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice provided oral sedation to those patients who would benefit. Whilst the practice had most systems in place to administer this safely, we identified areas that required review. The provider told us they would review guidance and had made a decision not to continue providing sedation until their review was completed.

We found that staff awareness of the principles of the Mental Capacity Act 2005 required updating and staff discussions held to ensure understanding. Following our inspection, we were sent copies of updated training certificates.

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

The practice supported staff to complete training relevant to their roles.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 46 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming and accommodating of their needs. We received many very positive comments referring to individual members of the team.

They said that they were given helpful, informative and 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.

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.

Staff considered some of their patients' different needs. This included providing level access and a patient toilet facility suitable for those with disabilities. Whilst a hearing loop was not installed, the practice owner told us after the inspection that one had been purchased. Interpreter services had not been available for patients who spoke languages other than English.

Staff told us how they had made efforts to accommodate the needs of those with sight and hearing problems.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and verbal complaints received 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 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, although we identified an area that required review.

Staff were aware of 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 had received safeguarding training, although not all staff had updated their knowledge within the previous three years at the time of our inspection. For example, we noted that the three dentists had last completed their safeguarding training in 2014. Following the inspection, we were sent copies of updated safeguarding training certificates for the staff.

Staff demonstrated awareness 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. The policy included contact details for the General Dental Council (GDC) to report concerns, if staff felt unable to approach the practice manager. We discussed other external contacts with the provider, such as the national whistleblowing charity 'Public Concern at Work' that could also be considered for inclusion in the policy. Staff told us they felt confident they could raise concerns without fear of recrimination, although one staff member we spoke with was unsure about who could be contacted externally to the practice.

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 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 to help them employ suitable staff. We looked at four staff records that related to more recently recruited members of the team. Two of these records specifically related to trainee dental nurses. We noted that references or other evidence of satisfactory conduct in previous employment were not held in all four of the files. Photographic identification was not held in the two trainee nurses' files. The provider told us that as the dental nurses were within their probationary period, all the required information had not yet been sought. Following our inspection, the provider told us that they had applied for references for these staff. We noted that the provider had accepted some Disclosure Barring Service (DBS) checks from previous employers when staff commenced work at the practice. The practice had not completed risk assessments for these staff. They had requested that staff complete an annual declaration to confirm if they had received any convictions.

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. The practice manager had recently made arrangements for five yearly fixed wiring testing to be undertaken. The latest certificate held was dated in June 2010.

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.

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.

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff.

The practice also had a laser for the use of dental surgical procedures. A Laser Protection Advisor had been appointed and local rules were available for the safe use for the equipment. Evidence of staff training was also available.

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 undertaken 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 dentists used traditional sharps rather than a safer sharps system. The dentists had taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We were informed that dental nurses did not handle used needles. The practice used disposable matrix bands. We looked at the sharps policy and procedure; we noted that a risk assessment had not been completed. The provider told us that they would undertake a risk assessment and one was sent to us following the inspection.

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. We found that four members of the team did not have the effectiveness of the vaccination recorded on their records and risk assessments for these staff had not been completed. The provider told us that further action would be taken to obtain this information and risk assessments implemented in the interim.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. We were informed that the course contents were also suitable for those staff involved in administering sedation as it included airway management and use of an AED.

Emergency equipment and medicines were available as described in recognised guidance. We saw that glucagon was kept in the refrigerator and on the shelf at room temperature. The expiry date had not been amended on the glucagon stored at room temperature to reflect the shorter expiry date. The practice manager told us they would discard the glucagon held on the shelf to avoid any confusion about which item to use.

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 and the dental therapist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. We noted a carpeted area in two of the treatment rooms; this was in a separate area away from the dental chairs. We discussed this with the provider and they told us that they would remove the carpet when they refurbished the rooms.

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 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

Are services safe?

systems, in line with a risk assessment. The latest risk assessment was undertaken in November 2016. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The decontamination assistant was also responsible for the practice cleaning. The practice was clean when we inspected and patients confirmed that this was usual.

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 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 sent internally contained specific information. The practice did not have any examples to share with us of urgent referrals made.

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

Track record on safety

The practice had a positive safety record.

There were risk assessments in relation to most safety issues, although not all of these were in place at the point of inspection. Others were completed following our visit.

The practice had processes to record accidents when they occurred. We were informed that there had not been any accidents within the previous twelve months.

Lessons learned and improvements

The practice had processes to record significant events when they occurred. We found that the policy for incident reporting did not include information on reporting less serious untoward incidents. The practice told us they had not identified any untoward incidents within the previous 12 months.

There was an informal process for receiving and reviewing patient and medicine safety alerts. We were told that the practice owner received and reviewed alerts and would share any information with the practice manager, if relevant. The practice had not implemented a logging system for Medicines and Healthcare products Regulatory Agency (MHRA) alerts at the time of our inspection. The practice manager told us that they would also sign up to receive alerts to ensure their first-hand knowledge of any issues.

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.

Two of the dentists had a specialist interest in orthodontics and implantology. Implants were placed by these dentists and they had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to a variety of technology and equipment available in the practice to enhance the delivery of care. For example, a CBCT machine, a laser, an orthopantomogram (OPG) X-ray machine, intra-oral digital X-ray units and specialist equipment to enable same day crowns to be fitted.

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. The practice told us that they did not have many children on their list. They used fluoride varnish for children they did treat 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 literature 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 dental therapist 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.

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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. We found that not all members of the team we spoke with, fully understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. Following our visit, the practice manager provided us with evidence of training updates completed by the dental team after our inspection took place. They told us they would review their policy.

We noted that not all staff understood Gillick competence; this relates to circumstances where a child under the age of 16 years of age can consent for themselves. Whilst the practice did not treat many children, we were informed that staff discussions would take place to ensure their understanding.

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.

Are services effective?

(for example, treatment is effective)

The practice carried out conscious sedation for patients who would benefit. The practice used oral sedation as a technique. This service was offered to people who were very nervous of dental treatment and those who needed complex or lengthy treatment.

We found that the practice had most systems to help them do this safely. The practice's systems included checks before and after treatment, emergency equipment checks, medicines management and sedation equipment checks. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

We noted areas that also required review. For example, CPD required updating for the dentists and others involved in assisting with sedation. We discussed guidelines for sedation with the practice including those published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. We found that patients were not cannulated during the procedure although cannulas were available for use in the practice, if required. Cannulation involves introducing a thin tube into a patient to enable the administration of fluids. The provider told us that they would review these guidelines as well as consult with other sources to ensure that they were compliant with best practice and procedure. They told us that until they had done this, they had made a decision to stop providing sedation.

Effective staffing

Staff had the general skills, knowledge and experience to carry out their roles. For example, one of the dental nurses had completed radiography training, another was currently undertaking it. The practice manager also worked as the treatment coordinator and had undertaken relevant training to perform the role. The practice benefitted from utilising the skills of the dental therapist.

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. We saw evidence of completed appraisals in a sample of files we looked at 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 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 had monitoring systems for 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 positively that staff were welcoming, accommodating of their needs and listened to them.

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

Patients said staff were compassionate and understanding and told us staff were kind and helpful when they were in pain, distress or discomfort. We reviewed a number of CQC comment cards that all made reference to staff who had gone out of their way to help and make them feel at ease. One comment included that following a missed appointment, the practice contacted the patient as they were concerned about their wellbeing.

An information folder was available for patients to read in the waiting area and a personalised information pack was given to patients when they joined the practice.

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 downstairs waiting area provided limited privacy when reception staff were dealing with patients. The assistant practice manager told us about how they tried to ensure that conversations held with patients on the telephone did not identify who they were, incase patients in the waiting room could overhear.

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.

The practice kept minimal paper records. Those that were retained were held securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and told us they were aware of

requirements under the Equality Act.

- Reception staff were not aware of interpretation services which were available for patients who did not have English as a first language. We were informed that patients could invite family relations to attend to assist. This may present a risk of miscommunications/ misunderstandings between staff and patients.
- There were multi-lingual staff that might be able to support patients.
- Staff told us how they communicated with patients in a way that they could understand, for example, patients' medical history was recorded onto an electronic device which could be enlarged if a patient had sight problems. We were told that if a patient had hearing difficulties they were taken into a private area where staff could speak louder without interference of background noise.

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 folder 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. For example, these included photographs, models, utilising software, videos, X-ray images and an intra-oral camera.

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. This was identified at an early stage when patients registered with the practice. They were invited to meet with the practice manager who also undertook the role of a treatment co-ordinator. The meetings enabled detailed discussions to take place about patients' dental health, their needs and the treatment/service(s) they sought.

We were told that extra time could be allocated for patients who experienced anxiety about attending their appointment. Staff told us they would contact patients who had undergone a complex or lengthy procedure the following day to check on their wellbeing.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems were seen in a ground floor treatment room.

A Disability Access audit had been completed. The practice had made most reasonable adjustments for patients with disabilities. These included step free access and accessible toilet on the ground floor with a call bell. The practice did not have a hearing loop installed; the practice owner told us after our inspection that they had purchased one for use.

Staff told us that they contacted their patients by telephone, text or email in advance of their appointment to remind them to attend.

Timely access to services

Patients were able to 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 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. Patients told us they had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

They took part in an emergency on-call arrangement with the dentists working there. We noted that one of the CQC comment cards made reference to the 'excellent' out of hours service provided. The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

Patients confirmed they could make routine and urgent 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 brief complaints policy. Information included in the practice folder in the waiting area explained to patients how to make a complaint.

The practice manager was responsible for dealing with complaints. 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 would aim to settle complaints in-house and would invite patients to speak with them in person to discuss these, if considered appropriate. We noted that documentation for patients did not include contact details for external organisations that could be contacted, if the patient was dissatisfied with the practice's response to their complaint. The practice owner told us after the inspection, that the complaints policy would be reviewed and information updated for patients.

The practice had not received any written complaints. We looked at comments, compliments and verbal complaints the practice received within the previous twelve 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

The leaders had the capacity and skills to deliver high-quality, sustainable care. The leaders, supported by the staff 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.

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. The current practice owner had taken over the running of the practice in September 2017 following the previous provider having ownership of the practice for 27 years. The previous owner had remained working at the practice focussing on clinical care only. The practice manager had worked in the practice for over 22 years.

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 had a culture of high-quality sustainable care.

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to complaints. For example, discussions were held in a staff meeting regarding the importance of providing quotes to patients for potential treatment costs at the outset.

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

Staff told us they felt able to raise concerns, if any were to arise. They had confidence that these would be addressed, if so.

Governance and management

The practice owner 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.

There were clear responsibilities, roles and systems of accountability to support good governance and management. We identified some areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service. For example, ensuring staff timely completion of mandatory training such as safeguarding, improving recruitment processes and implementing practice specific risk assessments when risks emerged.

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 mostly effective processes for managing risks and issues. The practice owner told us they would review the sedation service that was being provided against current guidance.

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

The practice used patient surveys and verbal comments to obtain patients' views about the service.

Are services well-led?

We saw examples of suggestions from patients the practice had acted on. For example, patient feedback included that obtaining an orthodontic appointment could be difficult. The practice manager had taken action to accommodate these patients by offering later appointment times.

The practice gathered feedback from staff through meetings 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, slight adjustments were made to appointment times to enable staff sufficient time to complete detailed note taking.

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 (where applicable) and improvements.

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

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff 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.