Ingrams Dental Practice

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Inspection Report

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Overall summary

We carried out this announced inspection on 20 December 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

Ingrams Dental Practice is located in Coalville, a market town in North-West Leicestershire. It provides private treatment to adults and has a contract to provide NHS care for children.

The practice provides general dentistry, sedation, implants and cosmetic procedures.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available in the practice's car park at the front of the premises.

Summary of findings

The dental team includes two dentists and five dental nurses. Three of the dental nurses share receptionist duties. Practice administrative/management duties are shared amongst the team.

The practice has two treatment rooms on ground floor level and a separate decontamination facility.

The practice is owned by a partnership 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 Ingrams Dental Practice is one of the dentists and joint owner of the practice.

On the day of inspection, we collected 25 CQC comment cards filled in by patients. We also received many comments from patients who left feedback online at CQC.

During the inspection we spoke with two dentists and five dental nurses. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday and Thursday from 8.30am to 5.30pm, Wednesday from 8.30am to 7pm and Friday from 8.30am to 1pm.

Our key findings were:

- 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 on the day of inspection with the exception of midazolam which was not held in buccal form, a child oxygen face mask with reservoir and tubing was not present and some needles and syringes required replacement. Immediate action was taken after the inspection to obtain or replace the items.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes although some improvements were required as some staff had not completed training to level 2 at the time of our inspection. This was completed the following day. Staff showed awareness of their responsibilities for safeguarding vulnerable adults and children.
- Staff knowledge of the Mental Capacity Act 2005 and Gillick competence required discussion to ensure that all had a comprehensive understanding.
- The provider had staff recruitment procedures in line with legal requirements.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice provided sedation to those patients who would benefit. They told us they may not continue to offer the service in the future. We found that improvements could be made in relation to recording blood pressure monitoring and recording. The practice held one oxygen cylinder; the provider told us they would obtain a second cylinder.
- 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.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols for 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 staff awareness of the requirements of Gillick competence and the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities and how it relates to their role.

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 most systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. We found that improvements were required in relation to the management of patient safety alerts. Action was taken immediately by the practice to strengthen their processes.

Staff received training in safeguarding people, although we identified that further training was required to ensure that all dental nurses had completed training to level two. Following our inspection, we were provided with evidence that this had been completed. Staff showed awareness of how to recognise the signs of abuse and how to report concerns.

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 mostly suitable arrangements for dealing with medical and other emergencies. Midazolam was not held in buccal form, a child oxygen face mask with reservoir and tubing was not present and some needles and syringes required replacement. Action was taken after the inspection and the items were obtained or replaced.

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 excellent, exemplary and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The provider 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 25 people in CQC comment cards. We also received many very positive reviews from people who contacted the CQC online to share their views. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, attentive and efficient.

Summary of findings

They said that they were given helpful, honest and detailed explanations about dental treatment and said their dentist listened to them. Many 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 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 interpreter services and had arrangements to help patients with 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.

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. Whilst all staff had undertaken training within the last three years, we found that training completed by some of the dental nurses was not to the recommended level for clinical staff. The provider sent us evidence after the inspection to show it had been completed. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a system they could use 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. This was by use of a pop up note or a coloured marker on patient records.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan was last reviewed in May 2018 and included details of another practice that patients could use in the event of the premises becoming un-useable.

The practice had a recruitment policy and procedure to help them employ suitable staff. We looked at three staff recruitment records to ensure they met with legal requirements. We found that information required was present. We noted that there was a difference of six months between the initial start date of a member of staff and the date on the certificate of their DBS check. A risk assessment had not been completed during the interim period.

Following the inspection, the provider told us that their recruitment policy had been amended to include a provision that the check must be undertaken at the point of recruitment and a risk assessment would be completed where any delay in the process occurred.

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

The practice ensured that most facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We noted an exception in relation to five yearly fixed wiring testing which was overdue for completion; this was last tested in December 2011. Following the inspection, we were provided with evidence that this had now taken place.

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. We were not provided with a written protocol defining what settings the X-ray machine was used for on each standard procedure.

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 to help manage potential risk. The practice 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.

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 one member of staff had not had the effectiveness of this vaccination documented in their record and a risk assessment had not been completed to ensure any risk of injury was mitigated. Action was taken after the inspection to obtain the information and we were provided evidence when this was received.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support with airway management every year.

Most emergency equipment and medicines were available as described in recognised guidance. We noted that midazolam was not held in buccal form. An oxygen face mask with reservoir and tubing for a child was also not present and we noted that some needles and syringes required disposal as they had passed their expiry date for use. Following the inspection, the provider sent us evidence to show that the items had been purchased and needles and syringes had been replaced.

Staff kept daily records of their checks of equipment and medicines.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

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

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

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing showed that the required temperature was not being met. The provider had sought advice from a contractor and the issue was ongoing at the time of our inspection. The provider told us they were committed to take all appropriate steps to mitigate the risks presented. There was dental unit water line management in place.

Staff shared cleaning duties in the practice and we saw rotas were in place. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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.

The practice stored NHS prescriptions securely as described in current guidance. A log had not been implemented to monitor prescription pad numbers; this would identify if a prescription was taken inappropriately. Following our inspection, the provider told us they had implemented a recording tool for monitoring purposes.

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

Track record on safety and Lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues. The practice had an accident book to record when they occurred. We looked at two completed accident reports completed within the previous two years.

The practice learned and made improvements when things went wrong. The practice learned, shared lessons and took action to improve safety in the practice. For example, a monitoring tool was implemented for when laboratory work was sent for completion. This was to ensure that it was ready for when the patient was due to re-attend at the practice.

Practice meeting records we looked at reflected discussion amongst staff of untoward incidents/ significant events.

The system for receiving and acting on safety alerts required strengthening. Documentation held to support that effective monitoring was in place was not up to date. We found that some meeting minutes supported that staff discussion was held of safety alerts however. We discussed recording and monitoring with the provider and staff told us that a lead would be nominated for the management of alerts. Following our inspection, we were advised that a log had been compiled.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received many very positive comments from patients about the effectiveness of their treatments. Patients described the treatment they received as excellent, exemplary and professional.

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

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

The practice had access to technology for example, an extra-oral camera to enhance the delivery of care. Clinipads were provided to patients to upload their details and personal information electronically.

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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentists used educative aids such as flip charts to help inform their patients about conditions such as periodontal disease.

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

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We saw examples of detailed information documents for particular treatments; they also included a section where written consent could be recorded from patients receiving it. We also noted that detailed written treatment plans were provided to assist patients in providing consent for dental implants.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. One patient comment recorded in a CQC comment card stated that treatment was explained very clearly including the cost and another patient commented that they were never asked to make treatment decisions quickly.

The practice's consent policy included information about the Mental Capacity Act 2005. Whilst the team had undertaken training in the Act to understand their responsibilities when treating adults who may not be able to make informed decisions, we found that knowledge could be improved or refreshed.

The consent policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Whilst the dentist we spoke with was aware of the need to consider this when treating young people under 16 years of age, we found that dental nurses' knowledge could be improved. Following our inspection, the provider informed us that the Mental Capacity Act and Gillick competence had been tabled for discussion amongst staff and a quiz would be completed to gauge staff understanding.

Are services effective?

(for example, treatment is effective)

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

We looked at a sample of 14 patient records. We found that the practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

The practice carried out conscious sedation for patients who would benefit from this service. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment, although we found that only one small cylinder of oxygen was available, medicines management, sedation equipment checks, and staff availability and training.

They also included patient checks and information such as consent, monitoring during treatment, although records did not support that blood pressure was monitored, discharge and post-operative instructions.

The staff 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.

The records showed that staff recorded most of the important checks at regular intervals.

The operator-sedationist was supported by a trained second individual.

The provider told us that they were currently reviewing whether they would continue to provide sedation within the future.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, dental nurses who supported the dentist had completed training in sedation and one of the dental nurses was radiography trained. We saw examples where staff had been given lead roles, for example one of the dental nurses managed the complaints process.

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

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

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

The practice was a referral clinic for a wide range of treatments for example, treatment planning of complex cases, procedures under sedation, non-specialist endodontic treatment, advanced restorative procedures and adult orthodontics. They monitored and ensured the dentists were aware of all incoming referrals.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were welcoming, attentive and efficient. 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. Patients could choose whether they saw the male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We received many very positive comments from patients about staff empathy and understanding shown towards them.

We looked at feedback left on the NHS Choices website. We noted that the practice had received 5 out of 5 stars overall based on patient experience over 18 occasions. Reviews left included reference to a friendly and professional service and outstanding care received.

The practice waiting room included newspapers, magazines and books and toys for children.

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 waiting area provided some limited privacy when reception staff were dealing with patients. Staff told us that they were careful not to divulge patients' personal information when speaking with them at the reception desk. If a patient asked for more privacy, staff said they could take them into another room. Reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available. Information contained on clinipads could be expanded to help those with sight problems. Staff assisted patients who required help with using the clinipads.

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

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

One of the dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, models, X-ray images, educational software and use of an extra-oral camera. These helped the patient or relative better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. We noted that patients had commented about the effectiveness of the dentists in helping them overcome their anxieties about receiving treatment.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. One patient comment included that the practice knew how to engage with a child with special needs. One of the dentists gave an example about how they made efforts to support a vulnerable patient.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet. An access audit was completed.

Staff contacted patients two weeks in advance of their appointment to remind them to attend.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

The staff took part in an emergency on-call arrangement with some other local practices for their privately registered patients. NHS patients were advised to contact NHS 111. The practice's 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 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.

One of the dental nurses was responsible for dealing with complaints. Staff would tell the dental nurse or the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The dental nurse aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. For example, as a result of a complaint, the practice provided patients with more information about charges for failing to attend appointments.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity and skills to deliver high-quality, sustainable care. The dentists, supported by the team and had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The dentists 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.

Vision and strategy If applicable

There was a clear vision and set of values. The practice's mission statement was to provide high quality dental care in a safe, well managed environment, underpinned by well trained, valued staff focussing on excellence in all aspects.

The practice planned its services to meet the needs of the practice population and it had supporting business plans.

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. Staff who were not due to work on the day of the inspection attended the practice to speak with us and show support for their managers.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, following a complaint, the practice reviewed some of its record keeping and made improvements as a result.

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

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Regular staff meetings were held for all staff to attend.

Governance and management

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

The current registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager's partner in the practice 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.

There were processes for managing risks, issues and performance. Whilst we identified some areas that required some review, the provider took immediate and responsive action to ensure that the issues were effectively managed.

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, staff and external partners to support high-quality sustainable services.

The practice used staff surveys, patient surveys, verbal and written comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff and patients that the practice had acted on.

For example, as a result of staff feedback, a staff room was created. Patient feedback resulted in a membership scheme being removed to avoid confusion to patients.

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.

Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, specialist referrals, oral cancer risk, root filling success, telephone skills, access, radiographs, hand hygiene and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The dental nurses 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.