Care Quality Commission

J. Smallridge & Co Limited

J Smallridge Dental Care

Inspection Report

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Date of inspection visit: 20 June 2018
Date of publication: 24/07/2018

Overall summary

We carried out this announced inspection on 20 June 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

J Smallridge Dental Care is in Ipswich and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. There is a lift to the first floor. Car parking spaces are available near the practice.

The dental team includes nine dentists, seven dental nurses, one dental hygienists, one practice manager, a clinical Psychologist and a cleaner. The practice has two treatment rooms and one decontamination room.

Summary of findings

Dental specialisms at the practice include Paediatric dentistry, Prosthodontics, Orthodontics, Oral surgery and dentists with special interests in Endodontics and Periodontology. Three of the dental nurses are oralhealth educators and the hygienist can see patients by direct access.

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 J Smallridge Dental Care is the principal dentist.

On the day of the inspection we collected 38 CQC comment cards filled in by patients. Before the inspection we received ten CQC Share Your Experience feedback records which were wholly positive.

During the inspection we spoke with one dentist and three dental nurses. We spoke with the practice manager before the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8.30am to 5.30pm.

Tuesday from 8.30am to 5pm.

Wednesday from 8.30am to 5pm.

Thursday from 8.30 am to 8pm, on alternate weeks.

Friday from 8.30am to 4pm.

Saturday by appointment only.

Our key findings were:

- Strong and effective leadership was provided by the principal dentist and an empowered practice manager.
- Information from completed Care Quality Commission comment cards and CQC share your experience feedback gave us a wholly positive picture of a caring, professional and high-quality service.
- 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.
- The practice staff had robust and well 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Appointments were available until 8pm on alternate Thursdays. Saturday morning appointments were available.
- 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.

We identified areas of notable practice.

- The principal dentist who was a Consultant Paediatric Dentist, provided and promoted the Pick it, Lick it, Stick it campaign which educated and encouraged patients and first responders to take immediate action to preserve a tooth if knocked out. By repositioning the tooth in the gum immediately the potential for saving the tooth and reducing trauma and bleeding increased. The principal dentist provided free education at multiple local education establishments including schools, children's nurseries, cubs, beavers, brownie groups and sports groups. Providing oral education and demonstrations on how to deal with dental trauma including teeth that had been knocked out. This included educating the teachers, parents and children and provided demonstrations using models for people to experiment with re-positioning a knocked-out tooth. The practice social media pages

promoted the campaign and provided videos of these demonstrations. The principal dentist attended local dentists, paramedics and other clinical teams providing free education on how to deal with dental trauma. We reviewed feedback which praised the practice for the informative educational services delivered.

- Staff described how they provided support for individual patients for whom they need to make adjustments to enable them to receive treatment. The practice clinical psychologist supported patients who experienced high levels of anxiety when attending the practice. Staff described numerous examples of this including agreeing best appointment times for patients with learning difficulties and complete flexibility with patients undergoing treatment for cancer.
- The practice had considered and responded to the needs of vulnerable groups. Children requiring emergency appointments were seen the same day regardless of whether they were a patient of the practice or not. The practice also provided late evening appointments to enable children of secondary school age to attend outside school hours.
- The practice had considered and responded to the needs of patients with special needs, their preferences, wants and particular characteristics were sought from relatives or carers before any appointment was made. This included assessing if they liked or didn't like music, what noise levels they were comfortable with, what fears they may have of being touched or certain words. All staff were then made aware of these characteristics prior to any appointment and treatment.

There was one area where the provider could make improvements. They should:

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.

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 learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice 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 practice had clear 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 and had systems to help them monitor this.

The staff were involved in quality improvement initiatives such as good practice, certification scheme and peer review as part of its approach in providing high quality care.

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 48 people. Patients were wholly positive about all aspects of the service the practice provided. They told us staff were gentle,world class, amazing with children and excellent.

They said that they were given reassuring, helpful and highly professional information about their treatment and said their dentist listened to them. Patients commented that staff made them feel safe and at ease, especially when they were anxious about visiting the dentist. Patients with high levels of anxiety were referred to the practice clinical psychologist where required. Patients and families described the work the practice provided in supporting patients to overcome their fears and obtain the treatment they required.

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

Summary of findings

Are services responsive to people's needs? 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 patients' different needs. This included providing facilities for disabled patients and families with children. The practice had a lift, baby changing facilities were available on the first floor. Staff told us they had not had any need to access interpreter services, but described how they supported patients and their families with certain special needs and reduced mobility. Patients and their families described how their treatment and care was provided at a pace they felt comfortable with and how the dentist provided other holistic support to families where required and requested. The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.	**No action**
Are services well-led? 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.	**No action**

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & 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. There was a dedicated safeguarding folder, local authority contact details and how to identify signs of different types of abuse were displayed in the office.

The practice team described how they worked with other services to ensure the safety of their patients and promote effective oral care and treatment. The registered manger described how the outcome of safeguarding concerns were used to develop staff learning and understanding and drive and improve the practice performance.

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 also had a system to identify any patients 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 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 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 seven staff recruitment records. These 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 emergency lighting, 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.

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 up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

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

Are services safe?

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 (BLS) every year. Immediate Life Support (ILS) training for sedation was also completed

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 and the dental hygienists 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. 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 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 noted that staff were not monitoring water temperature at the correct level. This was because their checklist stated the water temperature must be above 50 degrees Celsius and not the recommended 55 degrees. The registered manager assured us this would be addressed immediately.

We saw cleaning schedules for the premises. 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.

We found the practice carried out bi-annual infection prevention and control audits. The audit we looked at was not dated but this 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 (GDPR) protection requirements.

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

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

The dentists were aware of current guidance with regards to prescribing medicines. We found the medicine labels contained the name but did not always contain the address of the practice. We discussed this with the registered manager and were assured this would be rectified.

Are services safe?

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety

The practice had a good safety record.

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.

We looked at records of two safety incidents. We found these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action 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.

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.

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.

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

Dental specialisms at the practice include Paediatric dentistry, Prosthodontics, Orthodontics, Oral surgery and dentists with special interests in Endodontics and Periodontology. Three of the dental nurses are oralhealth educators and the hygienist can see patients by direct access.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay. The practice promoted the Dental Check by One campaign. A campaign launched by The British Society of Paediatric Dentistry to encourage parents and guardians to ensure that young children in their care are seen by a dentist as soon as their first teeth come through, and/or beforethe child's first birthday.

The principal dentist provided and promoted the Pick it, Lick it, Stick it campaign which educated and encouraged patients and first responders to take immediate action to preserve a tooth if knocked out. By repositioning the tooth in the gum immediately the potential for saving the tooth and reducing trauma and bleeding increased. The principal dentist provided free education at multiple local education establishments including schools, children's nurseries, cubs, beavers, brownie groups and sports groups. Providing oral education and demonstrations on how to deal with dental trauma including teeth that had been knocked out. This included educating the teachers, parents and children and provided demonstrations using models for people to experiment with re-positioning a knocked-out tooth. The practice social media pages promoted the campaign and provided videos of these demonstrations. The principal dentist attended local dentists, paramedics and other clinical teams providing free education on how to deal with dental trauma. We reviewed feedback which praised the practice for the informative educational services delivered.

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. Health advice displays on sugar in the diet were provided in the waiting room, children's books with stories and guidance on oral health were available.

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. Three of the dental nurses were oral health educators and worked alongside the dentists to deliver preventive dental care. The practice's website and waiting room provided information, displays, videos and advice for patients about how to maintain healthy teeth and gums. Much of this information was directed at younger patients.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice. The practice also employed its own periodontist to whom patients could be referred.

Are services effective?

(for example, treatment is effective)

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and 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. We found the policy did not refer to young people's competence, by which a child under the age of 16 years of age can consent for themselves. Not all the staff we spoke with were aware of the need to consider this when treating young people under 16 years of age. There was scope to ensure all staff had a clear understanding and the practice policy reflected the need to regard young people's competence. The practice had processes in place to establish and confirm parental responsibility when seeking consent for children and young people.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Patients and relatives commented positively on CQC comment cards with regard to the level of support, information and the detail provided by the dentists.

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.

The practice carried out conscious sedation for patients who would benefit. 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 requirements, medicines management, sedation equipment checks, and staff availability and training. 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.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. The records also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, three of the dental nurses had extended duties as oral health educators. Dental specialisms at the practice included paediatrics, prosthodontics, orthodontics, endodontics, a visiting oral surgeon and periodentistry.

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 and how the practice addressed the training requirements of staff. The practice used a social media and messaging system to alert staff to any changes in policy or training updates, staff were required to sign off that these had been seen and noted each day.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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

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

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

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

The practice was a referral clinic for implant, minor oral surgery and procedures under sedation and they monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.

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 gentle, warm and welcoming. We saw that staff treated patients with courtesy and care and were friendly towards patients at the reception desk and over the telephone. Dental nurses gave us practical examples of how they managed nervous patients. The practice team included a clinical psychologist. Patients with high levels of anxiety were referred to the practice clinical psychologist to support them to receive their treatment and care where required. The practice were very aware of the support patients with particular needs required. For example, for younger patients with autisms, the language and any manual handling that may be required during treatment was discussed and carefully planned with the family, carer and where applicable the patient. This ensured the practice made the whole treatment experience as calm, compassionate and relaxed as possible for the patient. Staff described numerous examples of this including agreeing best appointment times for patients with learning difficulties and complete flexibility with patients undergoing treatment for cancer.

Feedback from patients and their families commented on how supportive and kind the whole practice team were. Patients reported feeling safe at the practice and said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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, they were not rushed and were given the opportunity to discuss treatment options. The practice's website and social media pages provided patients with information about the range of treatments available at the practice. The dentist described the methods they used to help patients understand treatment options that had been discussed. These included photographs, models, videos, X-ray images, links to websites, social media pages and leaflets.

Dental records we reviewed showed that treatment options had been discussed with patients.

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.

Vulnerable patients with dental phobia such as adults and children with a learning difficulty, autism and other long-term conditions could be referred to the practice clinical psychologist. Staff all had a clear understanding of the needs of these patients and gave clear examples of the support provided by the practice to meet these people's needs. Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had also considered and responded to the needs of vulnerable groups. Children requiring emergency appointments were seen the same day regardless of whether they were a patient of the practice or not.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a lift to the first floor and an accessible toilet with baby changing facilities.

Staff described examples of the support the practice team provided for patients who were nervous or who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

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 provided late evening appointments to enable children of secondary school age to attend outside school hours. Appointments were available up to 8pm on alternate Thursdays and Saturdays mornings by appointment.

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 ran smoothly on the day of the inspection and patients were not kept waiting.

The practice was part of an emergency on-call arrangement with other local practices.

The practice website 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 complaints policy providing guidance to staff on how to handle a complaint.

The practice information leaflet explained how to make a complaint.

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

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

The principal dentist had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

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

Vision and strategy

The practice had a clear vision and set of values to provide dental care of a consistent high quality in a safe and caring environment for all patients. There were management protocol systems in place to define each practice member's responsibilities when looking after patients.

The practice had a realistic strategy and supporting business plans to achieve its priorities.

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.

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.

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

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

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys, a comments book, compliments, complaints and verbal comments to obtain patients' views about the service.

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

Are services well-led?

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.

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 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.