Cape Road Dental Practice

Cape Road Dental Practice

Inspection Report

9 Cape Road
Warwick
Warwickshire
CV34 4JP
Tel: 01926 491029
Website: www.capedental.co.uk

Date of inspection visit: 2 July 2019
Date of publication: 08/08/2019

Overall summary

We carried out this announced inspection on 2 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Cape Road Dental Practice is in a residential area in Warwick and provides NHS and private treatment to adults and children. The services are provided under two Care Quality Commission registered providers at this location. This report only relates to the provision of general dental care provided by Cape Road Dental Practice. An additional report is available in respect of the general dental care services which are registered under Cape Road Dental Practice Limited.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available for two hours in the streets surrounding the practice. Car parking spaces for blue badge holders, are available in pay and display car parks near the practice.

The dental team includes six dentists, five dental nurses, three dental hygienists, a treatment plan co-ordinator, three receptionists and a practice manager. The practice has six treatment rooms.

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 Cape Road Dental Practice is one of the two principal dentists.

On the day of inspection, we collected 90 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, two dental nurses, the treatment plan co-ordinator and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8am to 5.30pm.

Friday from 8am to 2pm.

Our key findings were:

- At the time of our visit the practice was undergoing significant building works to expand the premises and facilities on offer for patients. The work was due for completion by September 2019 and renovation improvements included an additional surgery upstairs, a ground floor office, a communications room and a dental laboratory.
- 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 mostly available except for some sizes of face masks for the self-inflating bags and a size zero oropharyngeal airway. These items were ordered and placed in the emergency kit within 48 hours of our inspection.
- The provider had systems to help them manage risk to patients and staff. The practice did not provide a five-year fixed electrical wire test certificate and the annual portable appliance visual checks had not been completed since April 2017. These were scheduled for completion following our inspection. Sentinel tap water temperature checks had not been recorded in line with the legionella risk assessment, this was immediately rectified within 48 hours of our inspection.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details and flow charts were displayed in the staff room.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment mostly in line with current guidelines. Clinical records did not detail the risks and benefits of treatment options discussed with patients. This had recently been identified by the practice manager following a record card audit and they were putting processes in place to rectify this with the clinicians.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. Building works included a communications room to ensure that receptionists on the front desk could focus on dealing with patients within the practice and the team in the communications room could take all incoming calls confidentially.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. The practice offered extended hours appointments opening from 8am Monday to Friday.
- The provider had effective leadership and culture of continuous improvement. In house training for basic life support and online training was funded by the provider.
- Staff felt involved and supported and worked well as a team. Staff we spoke with told us they enjoyed their work and were proud to work at the practice.

Summary of findings

- 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 systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular ensuring that five-yearly fixed electrical wire testing, the annual visual inspections for portable appliances and monthly sentinel tap water temperature checks are completed within appropriate timeframes.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

No action

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

No action

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

No action

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

No action

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

No action

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. 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. Safeguarding contact details and flow charts were displayed in the staff room.

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

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

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

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff ensured that facilities and equipment were safe, and that equipment was mostly maintained according to manufacturers' instructions, including electrical and gas appliances. The practice did not provide a five-year fixed electrical wire test certificate and the annual portable appliance visual checks had not been completed since April 2017. These were scheduled for completion following our inspection.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We noted that the practice recorded the weekly checks of the fire alarms however they did not record the weekly checks for the emergency lighting, fire exits and fire extinguishers. A meeting was held with the fire marshals the day after our visit to ensure that these checks were also recorded from this date.

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

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

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

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

Risks to patients

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

Are services safe?

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

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for sedation was completed by the visiting anaesthetist.

Emergency equipment and medicines were mostly available as described in recognised guidance, except for some sizes of face masks for the self-inflating bags and a size zero oropharyngeal airway. These items were ordered and placed in the emergency kit within 48 hours of our inspection. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order, the newly ordered items were added to these records for checking.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienists worked without chairside support.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

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

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

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

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Most recommendations had been actioned and dental unit water line management was in place. We were told that sentinel tap water temperature checks had not been recorded in line with the legionella risk assessment, this was immediately rectified within 48 hours of our inspection.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected, and patients confirmed that this was usual.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in June 2019 showed the practice scored 99% and 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

Are services safe?

managed in a way that kept patients safe. Dental care records we saw were 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

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. At the time of our inspection the labels used on dispensed medicines did not include the practice name and address in line with National Institute for Health and Care Excellence (NICE) guidance. New labels were ordered within 48 hours of our inspection to rectify this.

The practice held NHS prescriptions; we found improvement was required in ensuring that they could be tracked and monitored. Following our inspection, the practice updated their processes to rectify this.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit completed in June 2019 indicated the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

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

In the previous 12 months there had been no safety incidents. The practice manager showed us systems and policies that they would use to ensure that safety incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again should any incidents arise.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. For example, the practice moved to a safer sharps device several years ago following a nurse experiencing a needlestick injury.

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

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

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

The practice benefitted from the service of a visiting clinical dental technician who ensured that all patients had been referred appropriately by a dentist prior to completing examinations and assessments. They worked closely with the dentists and provided continuity of care to provide dental devices in a timely manner. Patients frequently commented on their positive experiences with this service. Current building works included an on-site laboratory which would enhance patient care further by having the clinical dental technician on site more often.

Staff had access to intra-oral cameras, digital scanners, dental planning software, a cone beam computerised tomography (CBCT) scanner, digital x-rays and clini-pads to enhance the delivery of care.

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. They routinely referred patients to their dental hygienists through a clear care pathway. Due to the growth of the patient base and the rising clinical need the provider had recognised a need for greater hygienist appointment availability. They facilitated this by commissioning an additional treatment room into their current building renovations and increasing hygienist hours to ensure patients could all access the hygienist appointments without delay.

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

The clinicians 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.

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

The 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.

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

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

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Clinical records did not detail the risks and benefits of treatment options discussed with patients. This had recently been identified by the practice manager following a record card audit and they were putting processes in place to rectify this shortfall with some of the clinicians.

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their

Are services effective?

(for example, treatment is effective)

responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

The practice carried out conscious sedation for patients who were nervous. 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 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 important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a 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, the provider had previously supported the practice manager to complete a management diploma. Several of the nurses had additional qualifications in sedation, radiography, impression taking, digital scanning and oral hygiene education.

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 GDC.

Staff discussed their training needs at annual appraisals and practice meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. For example, one of the nurses was enrolling on a sedation course following a recent appraisal.

Co-ordinating care and treatment

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

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

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

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

Staff monitored all referrals through an online referral system to make sure they were dealt with promptly.

The practice was a referral clinic for dental implants, minor oral surgery and procedures under sedation. We saw they monitored and ensured the dentists were aware of all incoming referrals daily.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were kind, very helpful and excellent in every way. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Feedback we received from 90 comment cards was overwhelmingly positive about the level of care received and included comments such as 'Staff have demonstrated a warm and helpful attitude for something I generally dread, they have made it pain free', 'Excellent dental practice providing superb preventative, maintenance and emergency support. The quality of interaction with patients is extremely high from arranging an appointment to receiving treatment' and 'Great service, staff were wonderful, facilities great and dentists are first class'.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Several nervous patients told us that they found the treatment here to be painless and far better than could have ever expected. One patient commented 'My wife had a fear of dentists following a bad experience at a previous practice. However, this dentist has done a wonderful job of reassuring her and she and I both feel that we have found a caring and excellent dentist'.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The principal dentists were aware of the privacy constraints due to the layout of the building and has commissioned a communications room as part of the current renovations. This would ensure that receptionists on the front desk could focus on dealing with patients within the practice and the team in the communications room could take all incoming calls confidentially. 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

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

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

- Interpretation services were available for patients who did speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.
- The practice used 3D digital imaging to show patients their own tooth structure whilst discussing available treatment options.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

Are services caring?

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral camera enabled images to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment. In addition to this the treatment plan co-ordinator was available to discuss treatment options with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

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

The practice manager described how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty and patients living with dementia. Longer appointments would be scheduled for any patients that were particularly anxious.

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. The practice manager shared an example of how they supported a nervous patient by placing a chair into the treatment room next to the patient so that their relative could sit and hold their hand during treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, reading glasses, large print documents upon request, a magnifying glass and accessible toilet with hand rails and a call bell.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff described an example of a patient who 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.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

The practice displayed its opening hours in the premises, included it in their information leaflet and on their website. The practice offered extended hours appointments opening early from 8am Monday to Friday.

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

The staff took part in an emergency on-call arrangement with some other local practices to provide emergency care for private patients. NHS patients were signposted to the NHS111 out of hour's service.

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

Listening and learning from concerns and complaints

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

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

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

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentists had the capacity and skills to deliver high-quality, sustainable care. They both demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentists were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. At the time of our visit the practice was undergoing significant building works to expand the premises and facilities on offer for patients. The work was due for completion by September 2019 and renovation improvements included an additional surgery upstairs to increase hygienist appointment availability; a ground floor office so the practice manager could work more closely with the team; a communications room for enhanced privacy and a dental laboratory to enable the clinical dental technician to be based at the practice.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

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

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.

We saw the provider took effective action to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and 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 dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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

Appropriate and accurate information

Staff acted on appropriate and accurate information. Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys, comment cards, online feedback and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, a door hook was placed on the back of the toilet door following patient feedback.

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. The results for January 2019 to May 2019 showed that 100% of the 50 respondents would recommend this practice to friends and family.

Are services well-led?

The provider 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 provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.