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Poundswick Lane Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 28 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 not providing well-led care in accordance with the relevant regulations.

Background

Poundswick Lane Dental Practice is in Wythenshawe and provides NHS and private treatment to adults and children.

A ramp is provided for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

Summary of findings

The dental team includes nine dentists, ten dental nurses (three of whom are trainees), a dental hygienist, two receptionists (one of whom is a trainee), a practice manager and a business and finance manager. The practice has five treatment rooms.

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

On the day of inspection, we collected 34 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses, the receptionist 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, Tuesday and Wednesday 9am to 6pm

Thursday and Friday 9am to 5pm

Saturday by prior arrangement.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and 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.
- 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 regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.

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

- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office (ICO).
- Review the practice's consent policy to ensure it includes the requirements of the Mental Capacity Act 2005 and Gillick competency.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations. We identified concerns which the practice took immediate action to risk assess and take the appropriate action. The likelihood of them occurring in the future is low. We will be following up our concerns to ensure they have been put right by the provider.

The practice had systems and processes to provide safe care and treatment. They could not demonstrate appropriate actions were taken, and learning occurred, after incidents to help them improve.

Improvements were needed to minimise risk. In particular, sharps safety, fire and staff immunity.

The practice did not ensure staff completed safeguarding training unless they had a lead safeguarding role in the practice. Staff demonstrated that they knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice did not complete all of the essential recruitment checks.

Premises and equipment were clean and properly maintained. Some rooms accessed by staff were cluttered with inappropriate items. The practice followed national guidance for cleaning, sterilising and storing dental instruments with the exception of effectively identifying instrument transportation boxes and ensuring staff followed and documented appropriate manual cleaning processes.

Improvements were needed to the arrangements for dealing with medical and other emergencies. Immediate action was taken in relation to this.

No action



Are services effective?

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 commented that they felt at ease when receiving treatment. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice was aware of national oral health campaigns and participated in local schemes to support patients to live healthier lives. They had recently signed up to the Manchester 'Healthy Living Dental Practice' (HLD) project. They made a commitment to delivering health and wellbeing advice to a consistently high standard. We saw how staff had created resources for six national dental campaigns and signposted patients to local services appropriately.

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

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from 34 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and respectful.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. Staff were involved in charitable fundraising activities.

The practice's procedures for CCTV were not in compliance with the Information Commissioner's Office protocols.

No action



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.

The practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist.

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

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

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had a culture of high-quality sustainable care. On the day of the inspection, all staff valued the opportunity to engage in discussion and feedback to improve the practice.

The practice had a realistic strategy and planned its services to prioritise and meet the needs of the local community. The practice was situated in an area with high levels of deprivation and dental disease. Staff encouraged patients to live healthier lives and attend for appointments by actively working with the school nurse and following up patients who failed to attend.

Requirements notice



Summary of findings

The practice did not have a recruitment policy and could not demonstrate that recruitment processes were consistently followed in line with the regulations.

The processes for managing risks, issues and performance required improvement. In particular, the processes to provide appropriate medical emergency equipment and medicines, to reduce the risks from fire and sharps, and to manage the risk associated with inadequate staff immunity. These areas were discussed with the principal dentist who took immediate action to implement appropriate changes and send us evidence of this.

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

The practice did not have effective systems to ensure all staff were up to date with the relevant training expected for their role.

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. Improvements were needed to the processes for auditing radiographs and infection prevention and control.

Are services safe?

Our findings

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

The practice had systems to keep patients safe.

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 who had a lead safeguarding role received safeguarding training. Evidence of training was not available for 15 members of staff, including six dentists. After the inspection, evidence was provided for two of the dentists confirming they had received a safeguarding update. Staff told us they held regular discussions with the local school nurses. They would identify vulnerable children where appropriate and encourage attendance at appointments. Staff demonstrated that they knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC when a safeguarding referral is made, as staff were not aware of this.

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

The practice had a whistleblowing policy. 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 did not have a staff recruitment policy and procedure in place; they sought guidance from professional organisations to help them employ suitable staff. This broadly reflected the relevant legislation. We looked at staff recruitment records. A system was in place to carry out Disclosure and Barring Service (DBS) checks. We noted that the practice did not obtain evidence of qualifications or seek references for new employees. The practice occasionally used locum dental nurses. They did not obtain evidence of checks for these members of staff, we discussed this with the practice manager who assured that this would be addressed before using agency staff again.

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.

A fire risk assessment had been carried out in 2014. The practice had acted on some of the recommendations in the report. For example, installing additional smoke detectors and providing staff training. A recommendation to separate the staff kitchen from the staff corridor had not been acted on. Records showed that fire detection equipment, such as smoke detectors were regularly tested. The fire extinguishers had not been serviced since January 2017. It was not clear whether the practice had enough fire detection or extinguishers for the size of the premises and no emergency lighting was installed. We observed that some rooms in the practice were cluttered which posed a risk of fire and to staff, particularly in the stock room. where staff would need to climb over items to reach supplies. After the inspection, staff took immediate action to arrange another fire risk assessment, install a door to the staff kitchen and gave assurance that clutter would be cleared.

The practice had 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. The practice had registered their use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017. Local rules for the safe operation of X-ray equipment were displayed. We noted these were not specific to each treatment room and machine. For example, they did not include recommendations from the routine tests of

Are services safe?

equipment including instructions relating to settings, positioning of the patient or film speeds. We discussed this with the registered manager who assured us they would be reviewed.

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 practice had taken some action to improve sharps safety; staff did not always follow relevant safety regulation when using needles and other sharp dental items. For example, placing their hand in a sharps box to retrieve an item. A safer needle system was in use and staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. Several recent sharps injuries had occurred. The practice manager assured us that one member of staff was in the process of being assessed at the occupational health department. There was no evidence of this, or that staff had sought appropriate advice and follow up for other members of staff after sharps injuries in line with their policy and procedure.

The provider did not have a robust 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. Evidence could not be provided for four clinical members of staff. We saw risk assessments were in place for two trainee dental nurses to mitigate the risk of accidental exposure. One member of staff had

completed their initial course of vaccinations in 2017. There was no evidence they had attended for blood testing to ensure they had adequate levels of protection. This was discussed with the provider to follow up and risk assess as appropriate.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management. Evidence of up to date training was not available for seven members of staff, this was obtained and provided after the inspection for four of these staff members.

Emergency equipment and medicines were available, broadly 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. We noted that oropharyngeal airways had expired as these were not included on the checklist. Adrenaline vials were available but the correct sized syringes to enable staff to give the appropriate dose were not. Glucagon, which is required in the event of severe low blood sugar, was kept refrigerated but the temperature was not monitored in line with the manufacturer's instructions. The practice took immediate action to address our concerns and sent evidence of this after the inspection.

A dental nurse worked with the dentists and the dental hygienist 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 occasionally used locum agency dental nurses. The practice manager told us they received a verbal induction to ensure that they were familiar with the practice's procedures.

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

Are services safe?

by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We noted that only the lids of boxes used to transport instruments to and from the decontamination room were labelled to identify whether the contents were clean or dirty. There were no records to demonstrate that staff followed correct manual cleaning processes. The practice manager told us these areas would be addressed.

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; with the exception of monthly cold-water monitoring, we discussed this with the practice manager who assured us this would be added to the monthly water temperature checking protocol.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. On the day of the inspection, we noted that cleaning equipment was not stored appropriately. For example, mops which were colour coded for cleaning different areas of the practice were stored together in the same bucket. The practice manager told us this was not usual and contacted the cleaning company to address this for the future.

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

The practice carried out infection prevention and control audits twice a year. There was no evidence the results of the latest audit had been analysed. We noted that several questions were answered incorrectly or required action to address them. There was no action plan in place to implement improvements. Immediately after the inspection, staff discussed this with the appointed decontamination lead and gave assurance a new audit would be carried out and any findings acted on.

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, legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements. (formally known as the Data Protection Act)

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 NHS prescriptions as described in current guidance.

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

Track record on safety

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. The system to investigate, learn from and follow up after recent sharps incidents was ineffective. We saw other incidents were documented appropriately in the accident book. For example, we saw a note to follow up with a patient who had become unwell during treatment. Staff could not recall the patient or whether this had been actioned.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

Are services safe?

The staff were not aware of the Serious Incident Framework. They told us they recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There was a system for receiving and acting on safety alerts which were retained for reference. We noted that some recent relevant safety alerts had not been received by the

practice. For example, alerts relating to dental implant equipment and safe operation of the medical oxygen cylinder. The practice learned from external safety events as well as patient and medicine safety alerts. The practice manager gave assurance they would review their processes to ensure all relevant alerts are received and checked.

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 practice offered dental implants. These were placed by 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.

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

The practice was aware of national oral health campaigns and participated in local schemes to support patients to live healthier lives. For example, the 'Buddy Practice Scheme'. This involves General Dental Practices working with Oral Health Improvement teams and local schools, nurseries, school nurses and safeguarding teams to increase access, identify unmet needs and deliver improved outcomes for vulnerable children. The practice engaged with the local school nurse to encourage local families to attend with children aged under five, in line with this project.

The practice was participating in the Manchester 'Healthy Living Dental Practice' (HLD) project. The HLD project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities;

practices in this project undergo training and commit to delivering health and wellbeing advice to a consistently high standard. We saw how staff had created resources for staff and patients for six national campaigns- Stoptober, Dementia awareness, smile month, dry January, oral cancer month and national diabetes awareness week. Staff spoke passionately about the project and gave examples of patients they had encouraged to be checked for diabetes after discussing medical and social histories.

The dentists described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were referred to the hygienist as appropriate and recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005 or Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The team demonstrated that they understood their responsibilities when treating adults who may not be able to make informed decisions and were aware of the need to consider Gillick competence 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

Are services effective?

(for example, treatment is effective)

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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, four dental nurses had received additional training in oral health education and the application of fluoride varnish and three dental nurses had received training in radiography. Staff told us the practice provider supported them to complete additional training to expand their role. They monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to support their learning.

Dental nurses and reception staff new to the practice had a period of induction based on a structured induction programme. There was no process to provide dentists or hygienists with an induction. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

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

Patients said staff were compassionate and understanding. They could choose whether they saw a male or female dentist.

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

Information folders and signposting to local services, patient survey results and thank you cards were available for patients to read. Staff were involved in charitable fundraising activities.

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 ground floor waiting area provided limited privacy when reception staff were dealing with patients. A private discussion room was available in the reception area. Staff told us this was used regularly for private discussions and telephone calls. 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 be involved in decisions about their care and were aware of the requirements under the Equality Act. This is 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them. For example, a member of staff was fluent in British Sign Language.
- Staff communicated with patients in a way that they could understand, for example, communication aids, such as electronic pads for patients to review and sign documents, and easy read materials were available.
- Staff provided clear information about local services and helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and X-ray images to help patients better understand their diagnosis and treatment.

The practice had closed-circuit television (CCTV) cameras in the reception area and outside the property. Signage was in place to advise patients of its use. The practice did not provide information informing patients for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images.

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.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first-floor surgery or if they required a translator.

A Disability Access audit had been completed and the practice had made reasonable adjustments for patients with disabilities. These included a small ramp to the front entrance and a buzzer to alert staff that the ramp was required, and an accessible toilet with hand rails and baby changing facilities.

Patients could choose to receive text message and email reminders for upcoming appointments. Staff told us that they telephoned patients after complex treatment to check on their well-being and recovery. Staff also 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. They were happy to accommodate patient requests for Saturday appointments where possible. The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

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. In addition, the practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist. Staff told us they had a good working relationship with the central appointment office who were responsible for booking patients and providing information to the practice.

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

Listening and learning from concerns and complaints

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

The practice had a 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 about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they 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 noted this did not include the private complaints service. The practice manager assured us this would be updated.

We looked at comments, compliments and complaints the practice received in the last 12 months.

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

Are services well-led?

Our findings

Leadership capacity and capability

The management team had the capacity and skills to deliver high-quality, sustainable care.

They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

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

There was a clear vision and set of values. The practice had a realistic strategy and planned its services to prioritise and meet the needs of the local community they served. The practice was in an area with high levels of deprivation and dental disease. Staff used every opportunity to encourage patients to live healthier lives and attend for appointments, for example, by encouraging skill mix in the team to deliver care to patients.

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. They participated in local projects to improve access to dental care in the locality and deliver consistent preventive care and advice.

Culture

The practice had a culture of high-quality sustainable care. On the day of the inspection, all staff valued the opportunity to engage in discussion and feedback to improve the practice. Teamwork was evident, it was clear that all staff were engaged with the process.

Staff stated they felt respected, supported and valued. They were proud to work in the practice and showed examples of resources they had produced for the dental team and patients.

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 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, with support from staff in lead roles. 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. The practice did not have a recruitment policy and could not demonstrate that recruitment processes were consistently followed in line with the regulations, evidence was not provided that all clinical staff with unknown immunity were risk assessed appropriately.

The processes for managing risks, issues and performance required improvement. A system was not in place to ensure the appropriate action was taken in relation to incidents. The practice did not ensure that staff followed safe sharps procedures or followed the policy for contaminated sharps injuries.

The practice had not ensured that an up to date fire risk assessment had been carried out or that all recommendations in the 2014 fire risk assessment were acted on.

Processes were not in place to ensure that appropriate emergency equipment and medicines were available and checked regularly.

The practice had not identified that clutter in areas such as the stock room, which were regularly accessed by staff posed a health and safety and fire risk.

Are services well-led?

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, providing a buzzer at the front entrance for wheelchair users to alert staff that the ramp was required.

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

Continuous improvement and innovation

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

Improvements were needed to the processes for auditing radiographs. They had records of the results of these audits and the resulting action plans and improvements. We noted that the radiographic audit findings had not identified the reasons where results were lower than expected. The practice had audited standards of infection prevention and control. There was no evidence that the results of the most recent audit had been analysed or action taken to make improvements.

The principal dentist and practice manager 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. On the day of the inspection, evidence of this was difficult to locate. The practice did not have effective systems to ensure all staff were up to date with the relevant highly recommended training expected for their role. For example, safeguarding training and BLS. They were able to obtain and provide some of this evidence by requesting it from staff members after the inspection.

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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Systems were not in place to ensure medical emergency equipment and medicines were appropriate and in line with General Dental Council standards and Resuscitation Council guidance.• The provider had not effectively assessed the risks from fire or consistently acted on previous recommendations to improve fire safety of the premises.• The provider had not ensured that the safe use of sharps were effectively risk assessed, or that sharps injuries were followed up appropriately, or immunity to hepatitis B was assessed for all clinical staff. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• The provider did not have effective recruitment procedures in place to ensure that appropriate checks were completed prior to new staff commencing employment at the practice.• There was no process to ensure that dentists and dental hygienists new to the practice received an appropriate induction.• Audit processes were not consistently effective to identify procedural issues. There was no evidence that the results of the infection prevention and control audit had been analysed or reviewed.• The practice did not have effective systems to ensure all staff were up to date with the relevant highly recommended training expected for their role.

This section is primarily information for the provider

Requirement notices

- The provider had not ensured that recommendations from the routine tests of X-ray equipment including instructions relating to settings, positioning of the patient or film speeds was provided to operators.