Wycherleys Dental Practice Limited

Wycherleys Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 10 December 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Wycherleys Dental Practice is in Newport, Shropshire and provides private treatment to adults and children.

A portable ramp is available to gain access to the front of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes three dentists, six dental nurses, four of whom are trainees and two of whom also cover reception duties, one dental hygienist, one dental hygiene therapist and a practice manager. The practice has two treatment rooms.

Summary of findings

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 Wycherleys Dental practice is the principal dentist. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection we received feedback from three patients.

During the inspection we spoke with the principal dentist, dental hygienist, two dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Our key findings were:

- The practice appeared clean and well maintained. Patients confirmed that this was always the case.
- The provider had infection control procedures which reflected published guidance. Infection prevention and control audits were completed annually and not on a six-monthly basis as recommended.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available and systems were in place to ensure they were all in date and available for use.
- The practice had systems to help them manage risk to patients and staff. Risk assessments were reviewed and updated as necessary, on at least an annual basis.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures required improvement. The practice manager confirmed that they had introduced new recruitment policies and 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Extended opening hours were available until 7.45pm on a Monday and the practice was open on a Saturday.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. Staff said that they were proud to work at the practice.
- The provider asked staff and patients for feedback about the services they provided. Patients had written testimonials which were available on the practice website.
- The provider had systems in place to deal with complaints positively and efficiently. Staff were aware of duty of candour requirements to be open and honest.
- The provider had suitable information governance arrangements.

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

- Review the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular by ensuring that gas safety checks are completed and a gas safety certificate provided.
- Review the practice's protocols to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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.

The practice had systems and processes to provide safe care and treatment. They had systems in place to ensure they learned from incidents and complaints to help them improve.

Staff received training in safeguarding people 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.

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 described the treatment they received as gentle, professional and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action ✓

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 three people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and welcoming.

They said that every detail was discussed with them, staff were happy to answer questions and were helpful, 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.

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 ✓

Summary of findings

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. A portable ramp was available if required to provide access to the front of the building and a ground floor treatment room and disabled access patient toilet facilities were available. The practice had not used the services of an interpreter previously but we were told this could be arranged upon request. The principal dentist could communicate with patients who spoke Punjabi.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. Infection prevention and control audits were not completed on a six-monthly basis. 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 and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice manager and principal dentist were the safeguarding champions. They had completed safeguarding training and were booked onto a training course to complete safeguarding training to level three. We saw evidence that staff received safeguarding training. The level of training was not recorded on all training certificates seen. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Safeguarding contact details were on display. These had been reviewed recently to ensure they were still current.

The practice had 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 an underperformance (whistleblowing policy). Contact details for Public Concern at Work, a charity which supports staff who have concerns they want to report about their workplace were included in this 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 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 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. A copy of this document was kept off site by the principal dentist and practice manager.

The practice had a 'Requirements relating to workers' policy which recorded what action the practice took to ensure appropriate staff were employed and kept up to date with training. There was also a recruitment policy. Standardised documentation was available to assist with recruitment processes. We looked at four staff recruitment records. We saw that there were no references for one member of staff and only one for another. The practice manager confirmed that they were awaiting a second reference for the member of staff who had only very recently been employed. The other staff member was employed prior to the practice manager's employment and implementation of the new recruitment policy.

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. We saw that equipment such as dental chairs, air compressor and autoclaves were serviced and maintained according to manufacturers' instructions. We were not shown evidence to demonstrate servicing and maintenance of electrical and gas appliances. There was no gas safety certificate or electrical five-year fixed wire safety certificate. A sticker on a fuse box at the practice recorded that wiring had been checked in May 2017. We were told that a copy of the certificate would be obtained from the company who completed the check. Following this inspection we were sent a copy of the electrical installation condition report.

Records showed that firefighting equipment, such as fire extinguishers, were regularly serviced. There was no evidence to demonstrate that the fire alarm and emergency lighting were regularly serviced or maintained. Following this inspection, we were told that a service had been booked for 20 December 2018. A fire risk assessment had been completed in 2015 and there were some issues for action identified. A fire risk assessment review document dated June 2018 recorded the actions taken to address the issues identified. Evidence was available to demonstrate that staff had completed fire safety training and fire drills were completed on a six-monthly basis.

No action

Are services safe?

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

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

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

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff. A copy of the annual service certificate was available for review.

Risks to patients

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

The practice's health and safety policies, procedures were reviewed regularly to help manage potential risk. Various risk assessments were available, for example regarding decontamination of dental instruments, body fluids and autoclaves. These were reviewed on a regular basis and future review dates set. Staff had signed documentation to confirm that they had read risk assessments in place. 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.

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. BLS with airway management. Immediate Life Support training for sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these 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/hygiene therapists 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 rarely used agency staff as staff from the sister practice would be used to provide cover. Agency staff would be used if there were no staff available from this practice. The service agreement from the dental agency recorded that they would take responsibility for training and ensuring relevant qualifications and checks had been completed. The practice manager confirmed that they were going to contact the agency to obtain more detailed information regarding this. We noted that these staff received an informal induction to the practice.

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

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment was completed by an external company on 5 November 2018. No issues of concern were identified in the risk assessment. Records of water testing and dental unit water line management were in place. We saw that hot water was not at the required temperature. Boiler temperatures were adjusted following this risk assessment and hot water was now reaching the required temperature.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. We noted that one of

No action

Are services safe?

the dental chairs was ripped and foam interior was exposed. This would be difficult to clean maintaining infection prevention and control standards. The principal dentist told us that this was booked in to be refurbished in April 2019. We were told that this was the earliest that this could be done as the repairs took four days to complete. Following the inspection, the practice manager informed us that they were using sterile covers to cover the rip.

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

The practice carried out infection prevention and control audits. We saw audits dated 30 January 2017 and 7 December 2018. The latest audit showed the practice was meeting the required standards. There was no evidence that the practice was completing these audits on a six-monthly basis.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly 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 stock control system of medicines which were held on site. Staff were recording the abbreviated name of the medicine in their medicines book and were not always recording stock remaining. Following this inspection we were told that a nurses meeting was booked on 19 December 2018 to discuss this issue and inform staff of the correct procedure to follow.

The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated 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. 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.

In the previous 12 months there had been no safety incidents.

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, a significant event had been recorded when emergency medicines and equipment had not been checked. This was discussed at a practice meeting. Significant event forms had been completed when it was identified that other checklists had not been completed as required.

There was a system for receiving and acting on safety alerts. Separate spreadsheets were kept which detailed alerts which were and were not relevant to the practice. Relevant alerts were circulated to all staff. The practice learned from external safety events as well as patient and medicine safety alerts.

No action

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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Staff told us that the dentists were very good at giving detailed explanations of treatments to patients, leaflets were available. Patients could book an appointment after they had time to consider their treatment options.

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

The practice had access to a VELscope used to detect early signs of oral cancer, an intra-oral camera and a cone beam CT scanner 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.

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

The dentists discussed smoking, and diet with patients during appointments. The practice had completed an audit regarding information collected on the medical history questionnaire. Staff were not routinely requesting information regarding alcohol consumption. A discussion was held with staff regarding this and a further audit was to be completed to review results.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were available for patients.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary. There were no information leaflets regarding this in the waiting room.

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

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. These patients would be referred to the dental hygienist/therapist at the practice.

Consent to care and treatment

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

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

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

Not all the staff had completed training regarding the Mental Capacity Act 2005. There was scope for some staff to receive more in-depth knowledge of the Act. Staff were aware of the need to consider Gillick competence when treating young people under 16 years of age. Following this inspection we were told that all staff would complete this training during December 2018.

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 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

No action

Are services effective?

(for example, treatment is effective)

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 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, some dental nurses had completed training in dental implant nursing, intravenous sedation and mouth cancer assessment.

Evidence was not available to demonstrate that all staff new to the practice had a period of induction based on a structured programme. Records for one member of staff were only partially completed. Standardised induction training records were available for completion. We spoke with two dental nurses who explained their induction process. This included on the job training, shadowing an experienced member of staff and reading policies and procedures. These staff said that their induction was detailed and provided them with the information needed. We were told that all staff at the practice were helpful and approachable and provided advice and guidance as required. The practice manager explained the new induction process which took up to six months to complete.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Personal development plans were completed and discussed at appraisal meetings.

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.

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

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any referral to an NHS service they had made. Letters were sent for private referrals. Systems were also in place to monitor any private referrals made.

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

No action

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, helpful and caring. We saw that staff treated patients in a welcoming, respectful manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. We were told that staff were gentle and the care they received was second to none.

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

A patient information folder was available in the waiting room. This had important information for patients including price lists, failed to attend and cancellation policy and the price list of dental goods which could be purchased from reception. Other information was available regarding treatments such as dental implants, sedation and crowns.

Patients could help themselves to bottled water which was available in a small fridge in the ground floor waiting area.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The reception was on the ground floor with an adjoining waiting room. A separate waiting room was also available on the first floor of the building. A television was playing in each of the waiting rooms. 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 had not used interpretation services in the past as we were told that all patients were able to speak English. The practice manager confirmed that they could obtain contact details for use in future if required. The principal dentist could communicate with patients who spoke Punjabi. Staff communicated with patients in a way that they could understand. Staff could print off information in large print or languages other than English if required.

Staff helped patients to be involved in decisions about their care. The practice 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. Patients were asked at the reception desk if they understood their treatment or if they had any questions about their treatment plan.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example leaflets, photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras photographs to be taken of the tooth being examined or treated and shown to the patient/ relative to help them better understand the diagnosis and treatment. Computer screens were available on dental chairs to enable patients to view this information.

No action

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. Televisions were available in the waiting room and music played in treatment rooms to try and relax anxious patients. Staff said that patients were able to bring a friend or relative with them and to take breaks in their treatment. Some anxious patients listened to music through headphones during treatment to help them relax. Patients who found it unsettling to wait in the waiting room before an appointment were given appointments at less busy times of the day. They were given the option of waiting in the first floor or ground floor waiting room if they preferred. Longer appointments were given to nervous patients to ensure they did not feel rushed and that the dentist could take longer explaining each step of the treatment. Sedation was offered to dental phobic patients. These appointments were arranged at the end of the day or at the last appointment before lunch to help ensure that other patients were not kept waiting to see the dentist if the appointment ran over time.

Patients were able to arrange an appointment to see the dentist, have a chat and a look around the practice before they agreed to having a routine check-up or any treatment completed.

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

The practice had made reasonable adjustments for patients with disabilities. These included a portable ramp to gain access, a ground floor treatment room and accessible toilet with hand rails and a call bell. The hygienist and hygiene therapist worked on the first floor. If a patient was unable to access the stairs, they would swap with the dentist and see patients in the ground floor treatment room.

The practice sent appointment reminders to all patients that had consented. Patients were then reminded by their preferred method. For example, text or email reminders were sent 48 hours prior to any appointment. Staff made follow up phone calls to patients who had sedation, a dental implant or any other complex treatment.

Patients were given a pack of information, for example following any treatment for implants, extractions or sedation.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Dentists kept some appointment slots free for use by patients who needed to be seen urgently. Once these appointment slots were full patients would need to sit and wait to see the dentist. We were told that these patients would always be seen within 24 hours of contacting the practice. Patients had enough time during their appointment and did not feel rushed. Patients told us that every detail was discussed with them and their needs thoroughly responded to. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practices' 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 had systems in place to investigate, respond and learn from them appropriately to improve the quality of care. Staff who worked on the reception had completed complaint and conflict resolution training.

The practice had a policy providing guidance to staff on how to handle a complaint. Patients were able to contact the practice via the website.

No action

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager and principal dentist were responsible for dealing with these. Staff would pass on any formal or informal comments or concerns straight away so patients received a quick response. Complaint logging forms were available for staff to complete.

The practice manager and principal dentist 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.

The practice had not received any formal written or informal verbal complaints within the last 12 months.

No action

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated that 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. Staff said that the practice manager was helpful and supportive and they could discuss issues with the practice manager or principal dentist at any time.

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 and felt part of a happy, supportive team. Staff said that they gave good customer service and offered a wide range of treatments and services to meet patients' needs.

The practice focused on the needs of patients.

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

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Staff said that the provider was very open and honest and all staff were aware of Duty of Candour requirements.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Practice meeting minutes demonstrated that staff discussed issues and action was taken to address these. Staff said that they were encouraged to speak out.

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. Staff had signed documentation to confirm that they had read policies and procedures.

Processes were in place for managing risks, issues and performance. We were told that there had been no gas safety check at the practice. There was no evidence of servicing or maintenance of the fire alarm or emergency lighting. We were told that an electrician would complete the servicing of the fire alarm and lighting on 20 December 2018.

Practice meetings were held approximately quarterly and minutes of these meetings were available for review. Separate meetings were held for dental nurses and informal ad hoc meetings were held to discuss important issues as needed.

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. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

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 comment cards, a comments book and verbal comments to obtain patients' views about the service. Patients were also able to record testimonials on the practice website.

No action

Are services well-led?

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.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. They had clear records of the results of these audits and the resulting action plans and improvements. We were not shown evidence to demonstrate that infection prevention and control audits were completed on a six-monthly basis.

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 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.