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The Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 20 January 2020 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 Care Quality Commission (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Dental Surgery is located in Stafford and provides NHS and private dental care and treatment for adults and children.

A portable ramp is available to access the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes six dentists, seven dental nurses, including two trainee dental nurses and the practice supervisor, one dental hygienist and three receptionists. An area manager oversees the practice and provides support to the supervisor and other staff. The practice has six treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

Summary of findings

CQC 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 The Dental Surgery is the area manager.

On the day of inspection, we collected 53 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with one dentist, two dental nurses, including the supervisor, two receptionists and the area manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am to 5pm, Saturday 8.30am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Monitoring systems were in place to ensure staff kept up to date with training.
- The provider had staff recruitment procedures which reflected current legislation.
- 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 provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

No action

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

No action

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

No action

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

No action

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

No action

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were aware that they should speak with the area manager if they had any safeguarding concerns. The area manager told us that they had undertaken level three safeguarding training. Up to date safeguarding information was available to the area manager as a safeguarding application had been downloaded on to their phone (a free resource for healthcare professionals to increase their awareness and understanding of safeguarding requirements). We saw evidence that all practice staff had received safeguarding training. The area manager had developed a checklist to monitor when update training was required. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Contact details for the external organisations responsible for investigating safeguarding concerns were available to staff in various locations throughout the practice and on the computer desktop.

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

The provider also had a system to identify adults that were in other vulnerable such as those who were known to have experienced modern-day slavery or female genital mutilation. Information posters were on display in patient toilets regarding these subjects.

The provider 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.

The provider had 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 provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. An additional member of staff was on duty and allocated to complete the decontamination processes each day.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We discussed using other more effective forms of manual cleaning which decreased the risk of an injury from a sharp instrument. However, instruments seen on the day of inspection were all clean and staff were aware of the correct manual cleaning procedures. Staff had received training on decontamination processes and information for staff was on display on the wall in the decontamination room describing the decontamination process.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed in August 2018. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. For example, quarterly water quality testing and monthly water temperature testing. Records were available to demonstrate compliance.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. The practice had the correct colour coded cleaning equipment which was stored correctly.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. A waste pre-acceptance audit was completed in July 2019 and we were shown copies of consignment notes and waste contracts.

Are services safe?

The practice employed a cleaner who worked when the practice was closed. The cleaner worked alone at the practice but systems were in place to ensure their safety. For example, the cleaner had read and signed the practice's lone worker policy and a lone worker risk assessment was in place.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in August 2019 showed the practice was meeting the required standards. Actions identified were reported and had been acted upon.

The provider had an underperformance and whistleblowing policy. This included contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure. We identified that some members of staff had worked at the practice for many years prior to the provider taking over. Each staff member had an online recruitment file which contained relevant information to demonstrate that the practice recruited staff in line with the requirements of Schedule 3 of the Health and Social Care Act 1984 (Regulated Activities) Regulations 2014. The area manager had developed a 'staff profile checklist' and this was used to ensure that the relevant pre-employment information was obtained for each staff member.

Evidence was available to demonstrate that disclosure and barring service (DBS) checks had been completed for all staff. We were told that the correct level of check had been completed. DBS checks were all dated within the last few years. The area manager confirmed unless the staff member has signed up to the update service they did not accept DBS checks from previous places of employment and obtained a new DBS check when staff start working at the practice.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The practice had a Landlords Gas Safety Certificate dated August 2019 and an electrical installation report dated August 2019. This was due again in August 2024. Annual portable appliance testing took place and records were available to demonstrate this. Stickers were available on equipment tested to show the date of last testing.

A fire risk assessment, dated August 2019, had been carried out in line with the legal requirements. An action plan had been developed following this risk assessment, which recorded dates that actions were to be completed. We were told that a further risk assessment was planned when the refurbishment work at the practice was finished. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records were available to demonstrate that the fire alarm and fire extinguishers were serviced as required. Emergency lighting had recently been installed and was not yet due for servicing. The area manager kept a maintenance checklist which recorded dates when equipment required servicing and maintenance and the emergency lighting had been included on this list.

Staff were not keeping records to demonstrate that routine testing was taking place of emergency lighting, alarms or checks made on fire exits, fire extinguishers or fire doors. The area manager told us that this would be addressed immediately. Following this inspection, we were sent a copy of a detailed fire safety checklist. This included daily, weekly, monthly, three and six monthly and annual checks. We were told this would be implemented immediately.

Records were kept demonstrating that fire drills took place twice per year. A member of staff had completed fire marshal training and was responsible for fire safety issues.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Are services safe?

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

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. Various risk assessments were available, for example risk assessments were available regarding sharps, legionella, fire, lone workers, hepatitis B non-vaccinated and non-responder and a general practice risk assessment.

The provider had current employer's liability insurance on display in the waiting room, this was dated February 2019.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. The provider was using a safer sharps system and confirmed that they were responsible for use and disposal of all sharp objects. A sharps policy and a risk assessment were available which had been reviewed and updated at least annually. Information posters were on display in treatment rooms regarding action to take following a sharps injury.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. Systems in place to ensure that the effectiveness of the vaccination was checked required improvement. The area manager confirmed that this would be addressed immediately. We were shown a risk assessment which would be put in place until the appropriate information was available for all staff to demonstrate the effectiveness of vaccinations. Following this inspection, we were sent information for each clinical member of staff demonstrating that the effectiveness of the vaccination had been checked and where necessary a non-responder risk assessment had been put in place.

Staff had completed sepsis awareness training. Sepsis recognition prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year, the date of the last training was 25 October 2019.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had information regarding substances that are hazardous to health in use at the practice. This included material safety data sheets and a control of substances hazardous to health checklist. The practice had not developed risk assessments for these products to minimise the risk that can be caused from substances that are hazardous to health. Material safety data sheets provide information to staff, for example on the hazardous properties of the substances, health effects and risk reduction measures but these are not be specific to the workplace or the dental environment. Following this inspection, we were sent evidence to demonstrate that staff had commenced the risk assessment process for substances in use at the practice.

The practice occasionally used locum staff. We discussed locum staff induction and were told that induction included orientation to the practice, for example, location of medical emergency kit and relevant policies and procedures and discussions to ensure they were familiar with the practice's procedures. We were told that locum staff signed documentation to evidence that they had received induction.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed

Are services safe?

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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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.

We saw staff stored NHS prescriptions as described in current guidance. There was scope to improve record keeping for prescriptions, discussions were held regarding this on the day of inspection and we were assured that the required changes would be made. Following this inspection, we were told that the required changes had been made to prescription logs.

The dentists were aware of current guidance with regards to prescribing medicines. Information regarding world antibiotics awareness week and management of antibiotics was on display in the ground floor waiting room.

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

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff had systems in place to monitor and review incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patients' dental records were detailed and clearly outlined the options, risks and benefits of treatment, assessments undertaken and any advice given.

Not all clinical staff were aware of Local Safety Standards for Invasive Procedures (LocSSIPS). The area manager confirmed that this would be addressed immediately.

Staff had access to intra-oral cameras to enhance the delivery of care. Patients commented on the quality of care received and the professional and efficient staff who provided the care. We were told "excellent care has always been given by dentist and staff. Very professional dental care given and excellent emergency appointment service if needed".

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients were given a written treatment plan to sign before treatment commenced. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We were told "staff always helpful and clear with explanations".

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. Staff we spoke with showed an understanding of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age. Staff had not undertaken any training regarding the Mental Capacity Act and Gillick competence but evidence was available to demonstrate that this topic was discussed at a practice meeting in August 2019.

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

Monitoring care and treatment

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

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice including locum staff had a structured induction programme. We were shown completed induction documentation and saw that induction paperwork had been updated recently to include staff signature to confirm that they had received and understood the induction training. We were told that induction training included orientation to the practice, shadowing senior staff and being observed. Staff had access to policies on the computer desktop. Three-month probationary meetings took place, these were linked to the appraisal process.

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

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 for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were courteous, helpful and efficient. We saw staff treated patients in a friendly, calm and caring manner. We observed staff interactions with patients in person and over the telephone. Staff were attentive, polite and accommodating. Patients told us, "great reception staff (name) was exceptional – so helpful, highly satisfied". Another patient commented "booking appointments has been efficient and met my needs".

Patients said staff were compassionate and understanding. We were told "a professional and courteous service", "always put me at ease, very gentle with me" and "staff are welcoming and easy to talk to, we are always happy with the service". We saw that the majority of staff had completed training in complaints handling and customer care.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient told us "recently had to have an emergency appointment and again was very happy with the staff and how quick I was seen". Another patient said "had an emergency appointment and was all sorted on the same day. Dental nurses were really kind when having the injection".

Various policies were on display in the waiting rooms for patients to read. For example, policies regarding payment, quality assurance and complaints. A new patient information pack was also available. A display board in the ground floor waiting room gave information about world antibiotics awareness week and mouth cancer action. The display board in the first floor waiting room had information such as 'you said, we did' – requests made by patients during feedback which had been actioned by the practice. Other information on display gave patients information about sugar and oral health, management of antibiotics and information regarding pain levels in pictorial format.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. There was a ground and first floor waiting room and a room that could be used for confidential discussions if a patient asked for more privacy. A radio was playing in the waiting room which helped to distract/ occupy patients whilst they waited to see the dentist. 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.

All consultations were carried out in the privacy of the treatment room and we saw that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Staff confirmed that they had recently used translation services for a patient who spoke Arabic and for sign language interpreters. However, we noted that there was no method of informing patients that translation services were available. Following this inspection, we were sent a copy of a sign in various languages advising patients that translation services were available.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available. Clinipads were used to obtain

Are services caring?

information about patient's medical history. Text on clinipads could be enlarged and staff said that they could provide information in large print to assist patients with a visual impairment.

- Icons on the practice computer system notified staff if patients had a disability or specific support requirements.

Staff helped patients and their carers find further information and access community and advocacy services. Staff said that they gave the appropriate forms to patients who were entitled to free NHS dentistry.

Staff gave patients clear information to help them make informed choices about their treatment. Patients were given treatment plans and were able to take time to think before agreeing to any treatment. Dental records we reviewed showed that treatment options had been discussed with patients. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. One patient told us "staff always helpful and clear with explanations". A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, X-ray images and an intra-oral camera. The intra-oral cameras enabled 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia. Staff were aware of the support needs of patients and confirmed that a note could be made on patient records to remind staff of individual requirements.

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

Two weeks before our inspection, CQC sent the practice feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

Fifty-three cards were completed, 100% of views expressed by patients were positive, one patient also mentioned that there could be a wait to get an appointment as the practice was busy. Common themes within the positive feedback were for example, friendliness of staff, easy access to emergency dental appointments, professionalism and efficiency of staff and the improvements following the refurbishments. We were told that patients would recommend the practice to family and friends.

We were able to talk to one patient on the day of inspection. Feedback they provided aligned with the positive views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, dentists would move treatment room and see patients in a ground floor room wherever necessary.

The practice had made reasonable adjustments for patients with disabilities. This included use of a portable ramp to gain access to the building, a hearing loop, a magnifying glass and a ground floor accessible toilet with hand rails and a call bell. Patients who required use of the ramp were asked to telephone the practice in advance of their appointment so that the ramp could be in place, ready for use on their arrival. Reception staff were heard asking patients if they were able to use stairs. This helped them decide which dentist the patient saw; or if the patient had a preference, plan to ensure that the dentist could use a ground floor treatment room if necessary.

Staff told us that some patients who attended the practice were anxious. We were told staff would chat to patients to make them feel more at ease, they would take their time and try to reassure them and could offer them a drink. There was a 'confidentiality' room where patients could wait if they were anxious or upset. When seeing the dentist, they could ask to take a break in their treatment, music was played in treatment rooms to try and relax patients. A note was put on patient's records if they were anxious about visiting the dentist. Staff said that they tried to make sure the dentist could see them as soon as possible after they arrived.

Text appointment reminders were sent to patients who had given their consent. Letters could also be sent if this was the patient's preference. Staff made courtesy calls to some patients after treatment. Calls were particularly made to patients who were anxious or who had received a lengthy treatment or had a dental extraction. Other calls were made at the request of the dentist.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Dentists kept slots free each afternoon to be used for patients who required urgent treatment. When these slots were full we were told patients would be offered any other vacant slots. Reception staff would discuss with the dentist to see if the patient could be offered a 'sit and wait' appointment. We were told that all patients who required urgent treatment where seen within 24 hours of contacting the practice. Patients had enough time during their appointment and did not feel rushed. Appointments ran

Are services responsive to people's needs?

(for example, to feedback?)

smoothly on the day of the inspection and patients were not kept waiting. The practice was open on a Saturday so that patients who usually worked Monday to Friday could make an appointment to see a dentist.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service and patients were directed to the appropriate out of hours service.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Generally, patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. One patient commented that there could be a delay in obtaining appointments. Other patients confirmed that they could get urgent appointments on the day that they telephoned the practice. Patients could contact the practice through the website and staff would then telephone the patient.

Listening and learning from concerns and complaints

The provider had a policy providing guidance to staff about how to handle a complaint. A copy of the patient complaint policy was on display in the waiting area.

The practice supervisor was responsible for dealing with complaints. Staff told us they would tell the practice supervisor about any formal or informal comments or concerns straight away so patients received a quick response. We were told that the practice supervisor took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The area manager confirmed that they were always available to provide support to the practice supervisor regarding complaints as needed.

The practice supervisor 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 supervisor had dealt with their concerns. Reception staff told us that they would try to address any verbal complaints immediately. We saw that written complaints were logged using an event logging form. We were told that verbal complaints would be recorded on patient notes. Principle five of the General Dental Council nine principles suggest that complaint records "should be separate from your patient records so that patients are not discouraged from making a complaint". The area manager confirmed that this would be addressed immediately and patient complaints would in future be recorded separately. The practice responded to feedback left on the NHS Choices website, this included both positive and negative comments recorded. Following this inspection, we were sent a copy of the updated complaint procedure which informed staff that complaints were not to be recorded on patient notes. A new complaint logging form had been developed to record verbal complaints.

We looked at comments, compliments and complaints the practice received within 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

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. Leaders at all levels were visible and approachable. Support was provided to staff at the practice by the area manager who could be contacted at times when they were not working at the practice. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. The practice had recently been refurbished and patients commented positively about the recent improvements at the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected and valued. Members of staff described the team as good to work with, caring, supportive and friendly. We were told that there was a strong team of staff and they were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. All staff were included in the annual appraisal process. Management staff kept records to demonstrate when appraisals were due and completed. Staff completed personal development plans in line with enhanced continuing professional development requirements. Staff told us that they all completed mandatory training and were encouraged to do additional training, for example complaint handling, general data protection regulations, customer services.

The staff focused on the needs of patients. Staff said that the individual needs and preferences of patients was their top priority. They tried to ensure that patients received appointments at a time to suit and that excellent quality care was provided by knowledgeable, professional staff.

We saw the provider had systems in place to deal with staff poor performance.

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

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. Practice meetings were held on at least a monthly basis. Staff said that they took it in turn to write the minutes of these meetings. Minutes were available to all staff on the computer desktop. Staff signed to confirm that they had read the minutes of each meeting.

Governance and management

Staff had 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 supervisor was responsible for the day to day running of the service with support provided by the area manager as required. Staff knew the management arrangements and their roles and responsibilities. Staff had been allocated lead roles, for example the practice supervisor held the lead role for complaints. A list of the lead roles was on display in the staff room.

Are services well-led?

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

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

The practice had completed the information governance toolkit. An access to information audit had been completed for all staff, confidentiality agreements were signed by sub-contractors and staff had completed general data protection regulations training.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys, audits, external body reviews were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw that patients had left both positive and negative feedback on the NHS Choices website. The practice had responded to all feedback and offered an apology and recorded actions to try and address issues where negative feedback was recorded.

We saw examples of suggestions from patients the practice had acted on. For example, patients had commented that it could be difficult to get through to the practice as phone lines were often engaged. The practice introduced a third telephone line, and often three receptionists were on duty which has alleviated the situation. Some refurbishment work had taken place at the practice following comments made by patients.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. The NHS Choices website recorded that 24 patients responded to a recent FFT and 92% of these patients would recommend this practice. A 'you said, we did' poster was put on display in the first floor waiting room. The practice also gathered and responded to comments left on 'google review'.

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

An annual newsletter was available. Patients were able to subscribe to the newsletter in person at the practice or on the website. This included information and updates.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. Documentation was available regarding peer review discussions and any issues for action. Clinicians had signed peer review meeting documentation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records dated February 2019, radiographs dated June 2019 and infection prevention and control dated August 2019. Where applicable separate audits were completed for each clinician, each was reported on and action plans developed if required. Other audits were completed at the practice such as health and safety, referrals and failed to attend.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.