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Chrysalis Dental Practice - Bedford

Inspection Report

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Overall summary

We carried out this announced inspection on 25 October 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

Chrysalis Dental Practice is in Bedford, the county town of Bedfordshire and provides NHS and private treatment to adults and children. The practice provides general dentistry, implants, oral surgery and cosmetic procedures.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including one allocated for blue badge holders, are available in the practice's car park at the rear of the premises.

Summary of findings

The dental team includes seven dentists, two oral surgeons, five dental nurses, two trainee dental nurses, one decontamination assistant, two dental hygienists, two receptionists and a practice manager. The practice has five treatment rooms; one of which is located on the first floor.

The practice is an approved training practice for dentists new to general dental practice. The principal dentist is a trainer.

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

On the day of inspection, we collected 41 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists (Including the principal), one trainee dental nurse, the decontamination assistant, two receptionists and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm. On Saturdays the practice opens only for oral surgery.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The practice was responsive to the needs of the population and provided dental care and treatment for anyone who attended the local hospital Accident and Emergency department.
- The appointment system met patients' needs. Patients with a dental emergency were seen on the same day.
- The practice had highly effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- A culture of staff postgraduate education and qualifications was embedded within the practice.

We identified areas of notable practice.

There was a strong embedded culture of professional development for all clinical staff. The principal dentist had been a trainer for trainee dentists for 21 years. We were provided with many very positive examples of staff who had excelled in their professional careers as a result of training, supervision and support provided by the principal dentist. For example, a previous trainee dentist had been accepted into a prestigious overseas dental school to undertake an advanced endodontics degree. The dentist had plans to return to work in the practice once this was completed. Another former trainee dentist was at the time of our inspection, training to become a maxillo facial surgeon and another worked as a consultant orthodontist in a hospital trust. Four dental nurses who had worked in the practice had acquired qualifications to become hygienists. Two dental nurses were currently working at the practice and were completing their hygienist qualification. The decontamination nurse and cross infection lead had attended a Masters degree in Dental Public Health and was currently undertaking their Licence in Dental Surgery (LDS). Staff praised the principal dentist for his ongoing support, dedication and encouragement for them to achieve their aspirations. This had a positive outcome for patients (and the wider NHS) who benefitted from the adopted approach.

Summary of findings

The practice was responsive to the needs of the local population. The local hospital Accident and Emergency Department signposted people who attended the hospital with urgent dental care needs, to the practice. We were told that patients had been signposted to the practice by the hospital for approximately five years and around 250 people had been treated as a result. The practice told us this had had the benefit of relieving pressure from the hospital.

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

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for products used for general cleaning purposes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They had systems to learn from incidents if they occurred. We found that the systems for recording the outcomes from accidents required some review.

Staff received both formalised and in-house 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. Infection control processes were regularly discussed in practice meetings to ensure best practice was always followed by staff.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, impeccable and delivered by professionals. 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.

Clinical staff undertook visits to local care homes to provide oral health care for residents who experienced difficulty in accessing the practice.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Dental nurses had been given a two-year professional development plan and dentists had a five-year plan. This was monitored by the principal dentist.

A culture of staff postgraduate education and qualifications was embedded within the practice. The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. We were provided with examples that included post graduate qualification study groups.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 41 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, understanding and considerate. We noted a number of complimentary comments that referred to individual dentists.

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

We looked at feedback left on the NHS Choices website. We noted that all reviews left were very positive and the practice was rated as five out of five stars. Comments included that staff had gone above and beyond to treat an emergency case in their own time, and that a patient now looked forward to visiting their 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.

Are services responsive to people's needs?

No action ✓

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

The practice was responsive to the needs of the local population. The local hospital Accident and Emergency Department signposted people who attended the hospital with urgent dental care needs, to the practice. We were told that patients had been signposted to the practice by the hospital for approximately five years and around 250 people had been treated as a result. The practice told us this had had the benefit of relieving pressure from the hospital.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

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

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

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.

We were provided with many examples of how trainee dentists who had started their career in the practice had been supported by the principal dentist to continue with their academic studies. For example, a former trainee dentist had become the first dentist in five years to be accepted into a prestigious overseas dental school to undertake an advanced endodontics degree. The dentist had plans to return to work in the practice once this was completed.

Summary of findings

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. The principal dentist had implemented in-house training programmes for staff. An online training lecture system was used to teach the associate dentists and hygienists. Guest speakers were invited to attend this.

The practice asked for and listened to the views of patients and staff. Health checks were provided for staff.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding concerns was the principal dentist. We saw evidence that staff received safeguarding training. This included formal training and refresher training provided in-house which was led by the principal dentist.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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

The practice had a whistleblowing policy. This included contact information for the national whistleblowing charity Public Concern at Work. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan included details of another dental practice that could be used in the event of the practice's premises becoming un-useable. The plan had not been populated with all relevant contact information for utility companies used. The practice had not kept a copy of the plan off site so it could be accessed in the event of an incident, but told us they would do so.

The practice had a recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw recent servicing and testing documentation.

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

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

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

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

Risks to patients

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

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

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

Are services safe?

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

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

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. (COSHH) We noted that the structure of COSHH information held could be improved to ensure that relevant information was available quickly if required. The practice had not completed COSHH risk assessments for general cleaning products used.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We noted that de-contamination processes were regularly discussed amongst staff in practice meetings.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment had been undertaken in December 2016. Recommendations had been actioned in respect of the two causes for concern. We noted that there were also four recommendations regarding minor improvements that had not yet been completed. Records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The latest audit in October 2018 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were 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 suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored records of NHS prescriptions as described in current guidance. We noted that the system for logging individual prescription numbers required review as they were only recorded upon issue. This presented a risk that the practice would not be able to identify if an individual prescription was taken inappropriately.

Are services safe?

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

Track record on safety

The practice had a positive safety record.

There were comprehensive risk assessments in relation to most safety issues.

The practice had processes to record accidents when they occurred. We looked at accident reports completed since June 2017. Our review of the records showed that learning outcomes were not always documented. For example, a needlestick injury occurred in May 2018. Our review of the record and relevant practice meeting minutes did not show that it had been discussed or whether any action was required to reduce the risk from recurring. We also found that learning points were not noted. We discussed the accident with a member of the team who was involved. They told us that it had been discussed informally and that action had been taken in line with the sharps' protocol.

Lessons learned and improvements

The practice had systems to learn and make improvements when things went wrong. The practice had not recorded any untoward incidents within the previous 12 months. Staff were able to provide examples of the type of incidents they would report, if they occurred.

The staff were aware of the Serious Incident Framework.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

Clinical staff undertook visits to local care homes to provide oral health care for residents who experienced difficulty in accessing the practice. The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes.

The practice offered dental implants. These were placed by the principal dentist and one of the associate dentists (under supervision of 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 principal dentist had a particular interest in dental implants. He was the course director for Implantology at a university in the Midlands area; they were also the Lead for Bone Grafting Teaching for the MSc Implantology at the same university. In addition, he was a mentor for the Association of Dental Implantology.

The practice had access to technology and equipment available in the practice. For example, microscope, dental loupes and a digital SLR camera that could be plugged in to the television were used to enhance the delivery of care. One of the dentists had a particular interest in endodontics, (root canal therapy). The dentist used a specialised operating microscope to assist with carrying out root canal treatment.

A culture of staff postgraduate education and qualifications was embedded within the practice. The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. We were provide with examples that included post graduate study groups.

They were also a member of a 'good practice' certification scheme.

Helping patients to live healthier lives

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

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

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

Staff from the practice had attended a local youth group to give oral health advice and free samples to those who came. Visits had also been made to the local university during freshers' week and free toothpaste and toothbrushes were provided to the students.

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

The dentists 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 to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Information was included in a plan for patients requiring more complex procedures. A copy of the plan was provided to the patient for them to take away. The practice had also designed a comprehension test for patients to test

Are services effective?

(for example, treatment is effective)

their understanding for complex procedures. Patients confirmed in our comment cards that their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. We noted that the Act had been discussed amongst staff in a practice meeting in September 2018.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice was a training practice for dentists new to general practice. The principal dentist had been a trainer for 21 years. We were provided with many very positive examples of staff who had acquired specialist skills and qualifications. For example, two of the dental nurses were also training at university to become hygienists. The decontamination nurse and cross infection lead had attended a Masters degree in Dental Public Health and was currently undertaking their Licence in Dental Surgery (LDS). Associate dentists had specialist interests such as implantology, orthodontics and endodontics.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Dental nurses had been given a two-year professional development plan and dentists had a five-year plan. This was monitored by the principal dentist.

Co-ordinating care and treatment

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

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

The practice 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 a referral clinic for implants, oral surgery and for CBCT scan services. They monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were polite, understanding and considerate. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

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

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

We looked at feedback left on the NHS Choices website. We noted that all reviews left were very positive and the practice was rated as five out of five stars. Comments included that staff had gone above and beyond to treat an emergency case in their own time, and that a patient now looked forward to visiting their dentist.

We were informed that the practice sent bereavement cards for families of patients who had passed away.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the main waiting area provided some limited privacy when reception staff were dealing with patients. If a patient asked for more privacy they told us they would take them into another room. There was also a separate smaller waiting room in the premises that was available for patients to use; we were told that this could be useful if a patient had any anxieties.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

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

Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids were available.

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.

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

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

Responding to and meeting people's needs

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

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

The practice told us how they met the needs of more vulnerable members of society such as patients with dental phobia and those living with other long-term conditions. These included allocating longer appointment times. Staff held hands with patients who requested this for support.

The practice showed us how they had also accommodated the needs of the local population. For example, the practice was proactive and had made contact with the local hospital Accident and Emergency Department. They told us they had advised them to signpost people who had attended the hospital with urgent dental care needs to the practice. We were told that patients had been signposted to the practice by the hospital for approximately five years and around 250 people had been treated as a result. The practice told us this had the benefit of relieving pressure from the hospital.

The practice had also provided treatment for prisoners from the local prison and people residing at a detention centre.

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

The practice, currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems were seen in a ground floor treatment room.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop (a notice advised of this at the reception desk) and accessible toilet with hand rails and a call bell.

Staff contacted patients by text or telephone call a day before their scheduled appointment to remind them to attend the practice.

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. An emergency service for patients and those who were not registered with the practice operated on a daily basis on weekdays from 9am to 11am.

Patients had enough time during their appointment and did not feel rushed. We noted that some patient comment cards made reference to them being delayed at times for their appointment following their arrival at the practice. The practice had audited patient waiting times and reviewed patient feedback. They had an action plan in place to consistently improve patient wait times including when patients telephoned the practice.

The staff took part in an emergency on-call arrangement with another local practice. Patients were advised to call NHS 111 outside of usual operating hours.

The practices' answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. Information was provided to patients to explain to them how to make a complaint.

The principal dentist was responsible for dealing with complaints. Staff would tell the principal dentist or practice manager, who acted as the deputy about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and told us they would seek to invite patients to speak with

Are services responsive to people's needs?

(for example, to feedback?)

them in person to discuss these, if any were received. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and one complaint the practice received within the last 12 months.

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

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist, supported by the clinical team, had the capacity and skills to deliver high-quality, sustainable care.

The principal dentist, supported by the practice manager had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

The practice had highly effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. All of the associate dentists had started their careers as trainee dentists at this practice.

Vision and strategy

There was a clear vision and set of values. The practice's mission statement was to provide a high standard of clinical excellence in a caring manner and offer all forms of treatments to patients to cater for all budgets. This was included in their information leaflet. The principal dentist had produced a YouTube video for the benefit of potential trainee dentists to inform them about the culture and values of the practice.

The practice had a realistic strategy and supporting business plans to achieve priorities. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice. A trainee dental nurse spoke highly of the culture within the practice and of the supportive and encouraging approach of the leadership. We were informed about initiatives developed in the practice for the benefit of the team. For example, health checks for staff.

We found that the practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to complaints. For example, a learning point regarding communication was identified for a member of the team following a complaint received.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. We saw audit data that supported the high levels of patient engagement.

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

Engagement with patients, the public, staff and external partners

Are services well-led?

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, a new surgery was installed for use by the hygienist(s) and access to see a hygienist was increased to three days a week. A bike stand was also installed in the practice's car park.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, staff feedback resulted in additional computers at the reception desk and more heaters in the reception area.

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, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The principal dentist had implemented in-house training programmes for staff. An online training lecture system was used to teach the associate dentists and hygienists. Guest speakers were invited to attend this.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. The trainee dental nurse told us that the principal dentist provided her with motivation and was encouraging her to apply for a dental hygiene and therapy course. She told us that this encouragement was regardless of the fact that the practice would lose a dental nurse they had invested in and trained. We saw evidence of completed appraisals in the staff folders.

We were provided with many examples of how trainee dentists who had started their career in the practice had also been supported by the principal dentist to continue with their academic studies.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.