Ahmad and Saleem Partners Ltd

Glodwick Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 18 December 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Glodwick Dental Centre is in Oldham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces and additional on street parking is available near the practice.

The dental team includes five dentists and two foundation dentists, 12 dental nurses (three of which are trainees), a dental hygiene therapist. The clinical team is supported by a practice manager. The practice has six treatment rooms, three on the ground floor and three on the first floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Glodwick Dental Centre is one of the principal dentists.

On the day of inspection, we collected 30 CQC comment cards filled in by patients. Patients were positive about all aspects of the service the practice provided.

During the inspection we spoke with four dentists, dental nurses, the dental hygiene therapist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday & Thursday 08:00 to 12:00 and 13:00 to 17:00

Tuesday & Friday 09:00 to 13:00 and 14:00 to 18:00

Wednesday 08:00 to 13:00 and 14:00 to 18:00

Our key findings were:

- The premises were 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 appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified areas of notable practice:

The registered provider had systems to review the general and oral health profile of the local population and target areas for improvement. Staff understood the needs of the local population, they planned and targeted their services to meet their needs and address inequalities. For example, alcohol-related harm, smoking and the use of betel nut. Patients were provided with oral health kits. The practice were forging close working relationships with other healthcare providers to support them with signposting patients and appropriate prescribing.

There was a proactive support system in place for staff to develop their knowledge and skills, and motivate them to provide a quality service. The team proactively participated in, and piloted projects to remove barriers to accessing dental care and encourage attendance. They forged links in the community with other healthcare providers, schools, nurseries and the local mosque to improve oral health in the locality.

They contributed to a local charity and provided toothbrushes and toothpaste to be included in Christmas welfare packages which were provided to homeless and disadvantaged people.

There was a healthy living champion in the practice who actively supported staff to create bespoke oral health displays. They used skills effectively in the practice to maximise preventative interventions. Bespoke information was created in other languages and for patients during periods of fasting. They recognised the need to remove barriers to care for dementia patients and during periods of fasting for patients. For example, they had adjusted the opening hours to provide a choice of early morning or later appointments. The team ensured that during periods of fasting, Muslim patients could access care and treatment at a time that did not impact on their fast or routine.

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

- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05:

Summary of findings

Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services. We asked the following question(s).

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. The process for documenting actions taken after incidents could be improved.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

There were systems to identify and manage risks. Improvements could be made to assess the risk from Legionella and ensure clinical staff have immunity to Hepatitis B.

No action

Are services effective?

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

The staff were involved in quality improvement initiatives including primary care projects as part of their approach in providing high quality care. They engaged with the local community to give oral health advice and encourage attendance at dental appointments.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as first class and exceptional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

The team were involved in quality improvement initiatives such as local oral health improvement projects as part of its approach in providing high quality care. They contributed to improving the oral health of the local community through raising awareness and oral health promotion.

No action

Are services caring?

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

No action

Summary of findings

We received feedback about the practice from 30 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, professional and caring.

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

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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'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 telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and had systems to respond 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.

They had systems to review the general and oral health profile of the local population and target areas for improvement. Staff understood the needs of the local population, they planned the services to meet their needs and address inequalities.

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. This included asking for and listening to the views of patients and 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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC of any safeguarding referrals as staff were not aware.

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

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

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.

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.

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. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

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. There were no records to demonstrate the effectiveness of the vaccination for six members of staff and one other was previously highlighted as a low responder. This was brought to the attention of the practice manager who took immediate action to speak to individual staff members to obtain the necessary evidence of immunity. We were sent

an update after the inspection which confirmed that the individuals had contacted their GP or occupational health service and were in the process of obtaining evidence of immunity.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. This was actioned immediately.

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

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

The practice 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. Two of the dental nurses had completed an additional dental decontamination qualification to support them to lead and audit the process.

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 some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Staff had completed a self-assessment but this did not include a risk assessment of the building water systems. For example, to identify any pipework dead legs and which were the appropriate taps to test the water temperatures. Staff carried out and documented water testing and weekly flushing of the showerhead. Dental unit water line management was in place. We discussed this with the practice manager who took immediate action to schedule a specialist company to carry out a full Legionella risk assessment.

We saw cleaning schedules for the premises. 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, stored and disposed of appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit 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 dentists 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.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Are services safe?

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

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice encouraged staff to report any incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Incidents were documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The systems for reviewing and investigating when things went wrong could be improved. We noted some sharps incident reports in 2017 did not include documented evidence of appropriate advice sought from occupational health and any follow up actions taken. This was raised with the practice manager who confirmed they would ensure that all follow up actions are documented in the event of a sharps injury in the future.

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.

There was a healthy living champion in the practice. The staff were involved in quality improvement initiatives including primary care projects as part of their approach in providing high quality care. For example, Baby Teeth Do Matter and the Healthy Living Dental Practice Programme. These Greater Manchester projects focus on improving the health and wellbeing of the local population by promoting early dental attendance amongst young children and helping to reduce health inequalities. One of the principal dentists was the chairperson of the Greater Manchester Local Dental Network. This enabled them to contribute to the development of primary care tools and the planning of oral care in the locality.

The dentists participated in internal peer review as part of their approach in providing high quality care. The dentists held regular meetings where clinical standards were reviewed and discussed.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. They demonstrated understanding of the health profile of the local population, levels of deprivation and health inequalities. For example, alcohol-related harm, smoking, child health and the use of betel nut. Betel nut chewing is a cultural and social tradition in many countries, regular use of this is linked with serious health effects.

The practice was participating in the Manchester 'Healthy Living Dental Practice' (HLD) project. The HLD project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities; practices in this project undergo training and commit to delivering resources and health and wellbeing advice to a consistently high standard. As part of this project they had contacted the local pharmacist to forge a close working relationship and support them with signposting patients and appropriate prescribing.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish based on an assessment of the risk of tooth decay. Patients were provided with oral health kits which included a toothbrush, toothpaste and general oral health advice.

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

The practice participated in national oral health campaigns and directed patients to local schemes. For example, local stop smoking services. They directed patients to these schemes when necessary. They attended local schools and nurseries to give oral health advice and encourage attendance at dental appointments. Nursery groups had attended the practice to familiarise children with going to the dentist. They engaged with the local Mosque to provide oral health and diet advice, and created and distributed oral health advice for Muslim patients during Ramadhan.

The dentists and dental hygiene therapist 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. The practice had a dedicated oral health promotion room. Dental nurses with additional training in oral health education and the application of fluoride varnish provided one to one oral hygiene and dietary advice, and toothbrushing instructions to patients under the instructions of a dentist.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team had received training and understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. The team used the Greater Manchester Dementia Friendly Dentistry Toolkit. This provides guidance to dental practices on appropriate support to patients and carers living with dementia, accurate prevention advice and help with appropriate treatment choices. Staff had received Dementia awareness training.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Patient comments confirmed the dentists involved them in discussions about their care. They provided treatment information written in Urdu and Romanian.

The provider had installed a closed-circuit television system, (CCTV), internally in the corridor, reception and waiting room areas. Signage was displayed to inform patients for what purpose the CCTV was in use, and to make them aware of their right of access to footage which contains their images.

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 used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental therapist and dental nurses with enhanced skills to deliver care in the best possible way for patients. The provider encouraged and supported staff to complete further training to extend their role. Some of the dental nurses had completed enhanced skills training in radiography, oral health education and the application of fluoride.

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 and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. One of the foundation dentists described how they were supported in the practice. The practice monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to support their learning.

Co-ordinating care and treatment

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

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

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. They used locally agreed trauma pathways where patients attended after dental trauma.

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. Referral audits were carried out to review and discuss the referral process and any changes in referral patterns.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

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

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

Practice and oral health information and magazines were provided in the waiting area for patients to read.

They contributed to a local charity and provided toothbrushes and toothpaste to be included in Christmas welfare packages which were provided to homeless and disadvantaged people.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of the reception and waiting area provided limited privacy when reception staff were dealing with patients but the receptionist was aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room.

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

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act. Patients were asked about their communication preferences and any communication needs in line with the Accessible Information Standard. This is a requirement placed on NHS services to make sure that patients and their carers can access and understand the information they are given. To support this:

- 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.
- Treatment information leaflets were available in English, Urdu and Romanian.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

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

For example, those living with dementia, diabetes, autism and other long-term conditions. A practice dementia audit had been carried out. The team were in the process of reviewing the premises and how it affects people's experience of visiting the practice. For example, they were piloting dementia-friendly lighting in the reception area.

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

The practice had a Disability Access audit, they made reasonable adjustments for patients with disabilities. These included a portable ramp and a door bell for wheelchair users to inform staff of their arrival, a hearing loop and accessible toilet and baby changing facilities with hand rails and a call bell.

All patients received a courtesy call two days before their appointment to ensure they could attend. Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. They had adjusted the opening hours to provide a choice of early morning or later appointments. The team ensured that during periods of fasting, Muslim patients could access care and treatment at a time that did not impact on their fast or routine.

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

The practice had an efficient appointment system to respond to patients' needs. They had responded to patients' needs by offering early morning and later appointments. Patients who requested urgent advice or care were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

The practice had not received any complaints in the previous 12 months.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

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

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

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

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

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. They had systems to review the general and oral health profile of the local population and target areas for improvement. Staff understood the needs of the local population, they planned the services to meet their needs and address inequalities. The team proactively participated in projects to remove barriers to accessing dental care and encourage attendance. They forged links in the community with other healthcare providers, schools, nurseries and the local mosque to improve oral health in the locality.

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers had systems to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents. They understood the need to ensure that actions taken after incidents are documented. 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. They had confidence that these would be addressed.

Governance and management

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

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

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

There were clear and effective processes for managing risks, issues and performance. They responded quickly to ensure that staff provided evidence of immunity and appropriately assess the risk from Legionella.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services. On the day of the inspection, all staff were open to discussion and feedback.

The practice used patient surveys and verbal comments to obtain patients' views about the service. They attended local schools to give dental career talks.

Are services well-led?

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 regular meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

The 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 team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, by encouraging staff to use their skills and knowledge appropriately.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. They gave examples of where staff had been supported where necessary, for example, by carrying out light duties to prevent stress. Staff were given time off to attend any necessary healthcare appointments.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The practice contributed towards the cost of online training for staff.

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