Care Quality Commission

Castle Dental Care

Castle Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 18 June 2019 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

Castle Dental Care is in Birmingham and provides NHS and private treatment to adults and children.

The practice is on the first floor but there is level access for people who use wheelchairs and those with pushchairs. There is lift access to the first floor. Car parking spaces, including several bays for blue badge holders, are available near the practice.

The dental team includes eleven dentists, 12 dental nurses (one of whom is a trainee dental nurse), one dental hygiene therapist and two receptionists. There is

Summary of findings

also a practice manager and a deputy manager (both of whom are qualified dental nurses). The practice has eight treatment rooms and two separate rooms for carrying out decontamination.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Castle Dental Care is the practice manager. One of the partners was on maternity leave at the time of our visit but attended the inspection and contributed throughout our visit.

On the day of inspection, we collected 50 CQC comment cards filled in by patients.

During the inspection we spoke with six dentists, four dental nurses, two receptionists, the deputy manager and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays and Tuesdays – 9am to 5.30pm

Wednesdays and Thursdays – 8.30am to 5pm

Fridays – 8.30am to 4.30pm

The practice closes for lunch every day and details of this are on the practice website.

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 provider 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.
- Staff were providing preventive care and supporting 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 well 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 suitable information governance arrangements.

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

- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensuring all intra-oral X-ray machines are fitted with rectangular collimators to reduce the radiation exposure to patients.

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 used learning from incidents and complaints to help them improve.

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

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

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

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

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 professional, excellent and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

The staff were involved in quality improvement initiatives such as good practice and peer review as part of the practice's approach in providing high quality care.

Are services caring?

No action

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

We received feedback about the practice from 50 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were fantastic, caring and informative.

Patients said that they were given helpful explanations about treatment, and said their dentist listened to them. They commented that staff 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.

Summary of findings

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

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to 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 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.

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. 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 and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact details for safeguarding agencies and flow charts were available. We saw evidence that staff received safeguarding training. Guidance recommends that safeguarding training is refreshed every three years, but we found that the safeguarding lead had recently completed training after an interval of four years. We saw that previous training had not always been completed to the recommended level. Within two days of our visit, the registered manager informed us they had introduced a revised system for monitoring safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. An alert or note could be created to convey this on patients' electronic records.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation (FGM). Information about FGM and domestic violence was displayed in the male and female toilets for patients.

Staff shared anonymised examples of safeguarding concerns they had managed at the practice. These examples demonstrated excellent team-working skills and appropriate discussions with relevant organisations.

The practice had a whistleblowing policy which was discussed with staff during their induction. It was also available for staff to reference. It included both internal and external contacts for reporting. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. Parts of this required updating but it was comprehensive and included all necessary information. Copies of this plan were kept off-site so it could be accessed in the event of the practice being inaccessible.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure. The practice occasionally used agency staff and explained that the agency completed all essential recruitment checks. They did not have a written agreement to state this. Within 48 hours, the registered manager informed us they had received email confirmation from the agency that staff at the agency were responsible for carrying out essential recruitment checks.

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 safety equipment, such as the emergency lighting, was regularly tested and firefighting equipment, such as fire extinguishers, was regularly serviced. We were told that the premises were owned by a company and the management company regularly completed safety checks on the fire alarms and smoke detectors. Staff did not have access to these safety records, but the registered manager informed us it was a contractual requirement for the management company to complete these checks. An external specialist company had completed a risk assessment in 2010 and the registered manager had regularly reviewed this since then.

Are services safe?

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. All treatment rooms were fitted with intra-oral X-ray machines. Two of these did not use rectangular collimation to reduce radiation exposure to the patients. The partners were aware of guidance but they reported that rectangular collimators were not routinely used because it was perceived that there was a higher risk of producing radiographs which were diagnostically of a lower quality. After a discussion, we were informed that they had ordered two new rectangular collimators for the treatment rooms.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had commenced a radiography audit in May 2019 and this was in progress at the time of our inspection. The practice did not carry these out annually in line with current guidance and legislation. Staff assured us these would be completed annually with immediate effect.

Clinical staff completed continuing professional development 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 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. We inspected the treatment rooms and found that the container to accommodate the used safety syringes was situated at floor level which is contrary to good practice. We were told that this had been discussed by staff and it was agreed this would be the best location for the containers due to the layout of the surgeries. However, the practice should consider repositioning their containers in relation to current guidance, either by wall mounting them or placing them on a work surface. A sharps risk assessment had been undertaken and was updated annually.

We reviewed staff's vaccination records and found that the principal dentist had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that all clinical staff had received the vaccination and the effectiveness of the vaccination had been checked. Two of these staff had received a letter from the occupational health department which stated they were immune and fit to carry out clinical duties but did not include details of their blood titre levels.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Immediate Life Support training for sedation was also completed by staff involved in providing sedation services.

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

A dental nurse worked with the dentists and the 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 occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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

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

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed. We observed this process taking place during our visit.

Are services safe?

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

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

The practice carried out infection prevention and control audits 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 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 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 dentists were aware of current guidance with regards to prescribing medicines.

The practice stored NHS prescriptions as described in current guidance. The practice did not keep a log of prescriptions issued so that each one could be tracked. The partners informed us they would introduce a new tracing system immediately.

An audit had been carried out in 2017 to ensure dentists were prescribing antibiotics according to national guidelines. The partners informed us they would carry out another one shortly.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. One example included the implementation of fire evacuation chair training following a routine incident.

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. We saw they were shared with the team and acted upon if required.

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.

The practice had previously offered dental implants but at the time of our inspection was referring patients for this treatment. These had been placed by one of the dentists who recently ceased providing dental services at this practice. The practice was able to refer patients for new dental implants and ongoing maintenance to the outgoing dentist who continued to practice locally. We were unable to carry out complete checks of dental implant provision as they were no longer offered at the practice although we noted there was no system in place to service the surgical handpiece. However, we did review a large amount of paperwork that was available to us which indicated that implant treatment was carried out in accordance with guidelines.

The practice had access to intra-oral cameras to enhance the delivery of care to patients.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. Staff had worked to produce custom screens to ensure consistency within record keeping. 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 and adults 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.

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

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. Clinical staff members visited local schools and nurseries a few times each year to educate children in tooth brushing techniques and deliver healthy eating advice.

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. We reviewed records that demonstrated this.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. We reviewed records that demonstrated this.

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 patients' consent to treatment, but it was not consistently documented in the clinical records. Within 48 hours the registered manager informed us that the recording of consent had been discussed with the dentists and the process would be implemented immediately. The practice would carry out an audit on recording consent to assess compliance. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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. The policy

Are services effective?

(for example, treatment is effective)

also referred to Gillick competence, by which a child under the age of 16 years of age may 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 clinicians recorded the necessary information.

The practice carried out conscious sedation for patients who were nervous about their dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

The practice offered orthodontic treatment to patients. The practice held a contract with the NHS and was able to offer this treatment to those who met NHS requirements. Orthodontic treatment was also available on a private basis. The dentist who provided orthodontic treatment was not present on the day of our visit. The orthodontic dental nurse discussed details of treatment provision and confirmed it was in line with current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the registered manager was a qualified dental nurse. The partners were supporting a trainee dental nurse to become qualified at the time of our visit. The practice was a training practice for newly qualified dentists. Several dental nurses had extended duties which included additional qualifications in oral health education, sedation and radiography.

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. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. Information about sepsis was displayed in each treatment room.

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.

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 supportive, friendly and informative. We saw that staff treated patients respectfully 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 saw a male or female dentist. Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years.

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

Information leaflets and patient survey results were available for patients to read. Many patients had given cards to staff to thank them for their dental services and these were displayed in the staff room.

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 waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff 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.

The practice had installed CCTV (Closed Circuit Television) to improve security for patients and staff. Cameras were not present in the treatment rooms. The CCTV Code of Practice (Information Commissioner's Office, 2008) states that signs should be prominently displayed to inform visitors that surveillance equipment has been installed and this was present throughout the practice.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Punjabi, Urdu and Hindi.
- Staff communicated with patients in a way that they could understand.
- 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. 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 photographs, 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

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. Staff shared anonymised examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia, people with drug and alcohol dependence and people living with dementia.

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. Staff supported patients that were unable to read and write to complete forms in the treatment room.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet. British sign language interpreters were available for deaf patients. Reading materials, such as appointment slips, were available in larger font size upon request.

The reception area had a dedicated area at a lower level so that staff could talk at eye level with patients in wheelchairs.

A disability access audit had been completed.

The practice sent appointment reminders to all patients that had consented. The method used depended on the patient's preference, for example, via text message or written reminders. The patient's preference was recorded on their file.

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 seen the same day. Dedicated daily slots were incorporated into one dentist's appointment diary to allow them to treat patients requiring urgent dental care. 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.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The practice referred patients requiring urgent dental care to NHS 111 out of hours service.

The practice's information leaflet, newsletter 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 that the practice was flexible with their appointments. Some patients commented they were kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet, website and information in the waiting room explained how patients could make a complaint.

The registered manager was responsible for dealing with these. Staff would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response. Written and verbal comments from patients were logged.

The registered 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.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the partners had the capacity and skills to deliver high-quality, sustainable care. They demonstrated 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 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.

The practice aims and objectives were to meet the routine and general dental care needs of their patients and try to achieve high levels of oral health through adopting a preventive approach.

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.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The partners were 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 by the leaders.

Governance and management

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

The partners had overall responsibility for the management and clinical leadership of the practice. The registered manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. One of the partners was on maternity leave at the time of our visit but attended the inspection and contributed throughout. Both partners met weekly to discuss and address practice issues.

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.

Practice meetings for all staff were held on a fortnightly basis where learning was disseminated. Needs of part-time staff were considered. Comprehensive minutes were taken and these were emailed to staff and displayed on the staff notice board for easy reference. Informal meetings were held each morning before treating patients.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. We saw

Are services well-led?

examples of suggestions from patients and staff the practice had acted on. Examples included redecoration at the practice, annual leave arrangements and choice of staff uniforms.

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. Results from respondents in May 2019 included comments about staff being friendly, warm and welcoming.

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.

A practice newsletter was available for patients and a new version released a few times per year. This included general information about the practice and updates regarding staff, procedures, etc.

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

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.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.