

# Rodericks Dental Limited

# Castle Care Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 23 July 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**

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

There is ramp access to the ground floor reception and waiting area for people who use wheelchairs and those with pushchairs. The treatment rooms and patient toilet are located on the first floor of the practice, accessed by stairs. Car parking spaces are available at the front of the practice and local side roads provide on street parking.

The dental team includes three dentists, two dental nurses, one of which works as the receptionist, and two dental hygienists. The practice has two treatment rooms.

# Summary of findings

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 Care dental practice was the practice manager who was present during this inspection.

On the day of inspection we received comments from 30 patients.

During the inspection we spoke with one dentist, two dental nurses employed by the practice (one who also worked as the receptionist), a dental hygienist, the practice manager and a compliance manager employed by Rodericks Dental Limited. We also spoke with an agency nurse working at the practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 9am to 5.30pm Monday to Friday.

## **Our key findings were:**

- The practice appeared clean and well maintained. Plans were in place to make changes to the unused treatment room and toilet on the first floor of the practice.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available but these were purchased during the inspection.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Staff had received training regarding safeguarding vulnerable adults and children.
- The practice had thorough staff recruitment procedures. Some employment information was kept at head office and therefore not available to review during this inspection.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. Staff had received training regarding information governance.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- Not all dental care records that we saw contained risk assessments regarding oral cancer, periodontal disease or caries if required. Basic periodontal examinations (BPE) were not recorded for children aged over seven years.
- 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 results of the Friends and Family Test for June 2018 were on display in the waiting room.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

# 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 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. Some items of medical emergency equipment were not available but these were purchased on the day of inspection.

### Are services effective?

No action



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

The dentists told us that they assessed patients' needs and provided care and treatment in line with recognised guidance. Some of the dental care records that we saw did not contain risk assessments regarding oral cancer, periodontal disease or caries. Basic periodontal examinations (BPE) were not recorded for children aged over seven years. We were told this

# Summary of findings

would be addressed immediately. Following this inspection, we were sent confirmation that dentists had been spoken with regarding recording BPE for children and templates had been amended to include risk assessments as required. We were told that an audit would be completed within three months to ensure that these new processes were imbedded.

Patients described the treatment they received as gentle, professional and first class. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients said that everything was explained to them in great detail.

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 staff were involved in quality improvement initiatives such as peer review as part of its 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 30 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, attentive and caring.

They said that they were given informative, helpful explanations about dental treatment from professional staff, 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.

# 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 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 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 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.

## Summary of findings



# 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. These were reviewed and updated if necessary on an annual basis. The contact details for the authority responsible for investigation of safeguarding concerns were also checked at this time to ensure they were up to date. We saw evidence that staff received safeguarding training. The practice manager was the safeguarding lead and staff spoken with knew that they should report any safeguarding concerns to this person. Staff knew about the signs and symptoms of abuse and neglect

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 was aware of the action to take regarding adults that were in vulnerable situations, for example those who were known to have experienced female genital mutilation (FGM). The practice had a policy regarding FGM as well as a mandatory reporting duty flow chart.

The practice had a whistleblowing policy. This detailed internal head office contact details should a member of staff wish to blow the whistle on poor practice. External contact details were not recorded. For example, there were no contact details for Public Concern at Work, a charity which supports staff who have concerns they want to report about their workplace. Staff told us they were a very small team who worked closely together. Staff said that they would speak out as needed and felt confident they could raise concerns without fear of recrimination. Following this inspection we were sent a copy of the amended policy.

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 suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff 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 five staff recruitment records. We were told that some recruitment information was held at head office. For example, job descriptions and evidence of conduct in previous employment. The compliance manager confirmed that evidence of conduct in previous employment was available for all newly employed staff. We also saw that Disclosure and Barring Service checks (DBS) were in place for all staff. One DBS check that we saw was dated 2013 and was from a previous employer whilst undertaking a different job role.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. This cover was provided for staff by Rodericks Dental Limited.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw that monthly visual checks were completed on some portable electrical equipment but not all. Portable appliance testing was conducted by an external company in May 2018.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Log sheets were available to demonstrate that daily fire safety inspections took place, weekly fire equipment tests and a six-monthly fire drill was undertaken.

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.



## Are services safe?

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. For example, we saw copies of fire and legionella risk assessments which had been completed by an external company. No issues for action had been identified during these risk assessments.

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 completed a monthly health and safety inspection which recorded details of the item/area inspected and any action taken to rectify any issues identified. The practice had current employer's liability insurance. A copy of the insurance certificate was on display in the waiting room.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. The sharps risk assessment and sharps policy recorded conflicting information. For example, the practice did not use safer sharps and dentists were re-sheathing used needles prior to disposal. This was recorded in the sharps risk assessment. The policy stated that needles were not to be re-sheathed. Following this inspection, we were sent a copy of the amended sharps policy which recorded that needles were to be re-sheathed.

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. We were told that this information was available for all staff. Recruitment records that we saw for two staff did not record this information. The compliance manager confirmed that they would ensure this information was obtained and put on file immediately. Following this inspection, we were sent a copy of the required information.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The practice had not discussed sepsis management at a clinical meeting and there was no guidance for staff if sepsis was suspected. We were told that this information would be obtained immediately. During the inspection, the compliance manager and practice manager were reviewing National Institute for Health and Care Excellence guidelines regarding this for implementation at the practice.

Not all emergency equipment and medicines were available as described in recognised guidance. The practice had recently undertaken medical emergency training and we were told that a full check of equipment and medicines had been completed by the training organisation at that time. The emergency oxygen cylinder available was not the correct size and not all sizes of clear face masks for self-inflating bags were available. The practice manager ordered the missing equipment during this inspection. Staff kept records of their checks to make sure equipment and medicines were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team. Agency nurses were currently working at the practice on a regular basis due to a staff shortage.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. A file of information was available which contained product data sheets and risk assessments for all hazardous substances in use at the practice. These substances were safely stored.

The practice used agency staff on a regular basis. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures. The practice had a file of information for each agency staff member that worked at the practice. This included copies of training certificates, criminal records checks and certificates of registration with the GDC. We spoke with the agency dental nurse who was present during this inspection. The nurse confirmed that they had received a comprehensive induction, which was "one of the best they had received as an agency nurse".



## Are services safe?

The practice had an infection prevention and control policy and procedures which had been reviewed in April 2018. 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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We saw that staff were not using appropriate long handled brushes for manual cleaning of instruments. The compliance manager confirmed that new brushes would be ordered immediately. We saw that staff were using correct disinfectant during the decontamination process but did not have any manufacturer's instructions regarding the quantity to use. We were told that staff would ensure that this information was obtained. 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. Records were available to demonstrate this.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed in February 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place. We saw records to demonstrate that the practice manager and one other member of staff had completed training regarding legionella.

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 and stored appropriately in line with guidance. The practice's policy recorded that consignment notes should be stored for three years. We were shown the consignment notes from 23 August 2017 and told that all others were in storage off site.

The practice carried out infection prevention and control audits twice a year. We were shown the audits for 6

February 2018 and 13 July 2018. We were told that there were no other audits available on the premises. Both of these audits 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 accurate, complete, and legible and were kept securely and complied with data protection 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.

Improvements were required to the stock control system of medicines which were held on site. This would help to ensure that medicines did not pass their expiry date and enough medicines were available if required. We saw one or two items that had passed their expiry date. We were told that a new stock control system would be implemented immediately.

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

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

### Track record on safety

The practice had a good safety record. We were told that there had been no issues to report under the Reporting of Injury Diseases and Dangerous Occurrence Regulations (RIDDOR). A RIDDOR policy was available and staff had signed to confirm that they had read this.

There were comprehensive risk assessments in relation to safety issues. A significant event reporting flowchart and reflective action plan was available. A significant event



## Are services safe?

lessons audit and lessons to be learned action plan was available along with serious incident reporting forms. A monthly log was available to monitor and review incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been one incident recorded. The incident was investigated, 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 staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. This included learning and sharing lessons identifying themes and taking action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Safety alerts were initially received by head office who then forwarded relevant alerts to the practice. The practice manager confirmed that these were sent to all dentists for their information and review. 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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to digital X-rays which could be shown to the patient to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

### Helping patients to live healthier lives

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

The dentists told us they 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 told us that where applicable they 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 available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary. Posters were on display in the waiting room regarding the risks of smoking and oral health.

The dental hygienist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and 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 told us they 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 team understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. They also had an understanding of Gillick competence, by which a child under the age of 16 years of age can 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

Not all the patient dental care records that we saw contained risk assessments regarding caries, oral cancer or periodontal disease. Basic periodontal examination records were not always recorded for children. Following this inspection, we were sent confirmation that dentists had been spoken with regarding recording BPE for children and templates had been amended to include risk assessments as required. We were told that an audit would be completed within three months to ensure that these new processes were imbedded.

We saw that 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.

Staff new to the practice had a period of induction based on a structured induction programme. The practice manager completed the induction of new staff and agency



## Are services effective?

(for example, treatment is effective)

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

Staff told us they discussed training needs at annual appraisals. There was evidence of completed appraisals in some of the staff files that we saw. Some files also contained "Dentist smart working meetings". We were told these were held monthly. The practice manager confirmed that some appraisals were overdue and would be arranged as soon as possible. Following this inspection, we were told that all outstanding appraisals had been booked for August and September 2018.

### **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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them and the patient to check the status of any referral they had made.



# 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, welcoming and professional. We saw that staff treated patients with dignity and respect in a polite and caring manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us 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. We were also told that they were well cared for during any treatment.

Information folders and patient survey results were available for patients to read. The practice manager had a file of thank you cards received from patients.

### 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 some privacy when reception staff were dealing with patients. Staff told us that 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. Protective screens were in place on computers to reduce the risk of patients being able to view private information.

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):

- Interpretation services were available for patients who did not have English as a first language. The practice's patient information leaflet stated that interpreter services were available and that information could be provided in additional languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We were told that the dentist explained everything in great detail. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. The receptionist said that they always enquire as to whether patients have any questions or queries about any treatment and ensure that patients have a copy of their written treatment plan.

The practice's website and information leaflet 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 information leaflets, photographs, models, videos and X-ray images.



# 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 told us that they spent time with dental phobic patients, chatting to them to try and make them feel relaxed. Patients were offered a drink of water. Patients commented that staff were reassuring and welcoming and said that staff put them at ease.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, those patients who were anxious were given longer appointments and they were allocated at less busy times of the day if this suited them. Patients were able to have an appointment to chat to the dentist about any treatment before it commenced. The dentist would be informed if a patient was anxious so that they could be seen as soon as possible upon arrival at the practice.

The practice had made reasonable adjustments for patients with disabilities. These included ramp access with a hand rail and a hearing loop. We were told that sign language interpreters could also be used as needed to assist patients with hearing difficulties. The treatment rooms and patient toilet were located on the first floor and as such did not have step free access for patients with pushchairs or who used wheelchairs. The practice did not provide an accessible toilet with hand rails and a call bell. Staff said that they knew their patients well and were always available to help those patients who required support using the stairs.

A Disability Access audit had been completed in February 2018. This identified the practice as a "low risk". Dental treatment rooms were located on the first floor of this dental practice. The practice manager said that when patients telephoned wishing to register with the practice they were informed of this. We noted that the practice's website did not inform patients that treatment rooms were

only accessible by stairs. The compliance manager confirmed that they would include this information on the practice's website as soon as possible. Following this inspection, we were sent information to confirm that a request had been made to amend the website and practice information leaflet to record that the treatment rooms were located on the first floor.

Staff told us that they telephoned patients following any lengthy treatment or tooth extraction to check that everything was alright and to offer any further advice or support.

### 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 in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were usually seen the same day. The practice operated a cancellation list and telephoned patients who had requested an earlier appointment as soon as a slot became available. Patients told us that there was never a problem getting an appointment and that they had enough time during their appointment and did not feel rushed. One patient told us that they received an emergency appointment within an hour of contacting the practice. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the 111 out of hour's service.

The practice website, 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 responded to them appropriately to improve the quality of care.



## Are services responsive to people's needs? (for example, to feedback?)

The practice had a complaints policy providing guidance to staff on how to handle a complaint. A copy of the policy was on display in the waiting room. The practice information leaflet and website explained how to make a complaint and included external contact details for organisations patients could contact if not satisfied with the way the practice dealt with their concerns. For example, NHS England and the Private Dental Complaints Service.

The practice manager was responsible for dealing with complaints. There was also a complaint manager at head office. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received within the last 12 months. The practice had not received any formal written complaints. Details of verbal concerns were recorded along with details of any action taken to resolve the issue raised. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. We saw that complaints had been discussed at a recent staff meeting.



# Are services well-led?

## Our findings

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders 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. Support was provided to the practice manager if required from management staff at head office. A compliance manager was present during this inspection to assist with the inspection process.

### Vision and strategy

There was a clear vision and set of values. A copy of the practice's vision, mission and values was on display in the waiting room. The practice had a realistic strategy and supporting business plans to achieve priorities.

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. Staff said that they worked well together as a team.

The practice focused on the needs of patients.

Leaders and managers had processes in place to act on behaviour and performance inconsistent with the vision and values. Discussions were held with staff as needed and records were kept of these.

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

Staff told us they 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 practice manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Support was provided by management staff at head office if required.

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. Generic policies had been developed and were sent to all practices owned by Rodericks Dental Limited. We saw that some of the policies required amending to reflect the processes in operation at Castle Care dental practice. We discussed this with the compliance and the practice manager and were told that a review would be completed of policies and procedures which would then be amended to reflect current working practices.

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.

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 patient surveys and verbal comments to obtain patients' views about the service. Concerns made were recorded and acted upon. Satisfaction surveys were completed by patients regarding the service provided by the practice and individual dentists. Positive feedback was recorded in those surveys seen.



## 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 results for June 2018 were on display in the waiting room. This recorded that 100% of patients were happy with the practice.

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

### **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 practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff meetings were held on a regular basis and minutes of these meetings

were made available to all staff. Daily informal meetings were also held to discuss issues, concerns or changes at the practice. Quarterly meetings were held with dentists to discuss the dental assurance framework (DAF) – used to assure commissioners of services that contract holders and providers were on course to meet their obligations under their contracts.

We were told that 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 some of the staff folders. We were told that some appraisals were slightly overdue. The practice manager confirmed that these would be arranged as soon as possible. Following this inspection we were told that all outstanding appraisals had been booked for August and September 2018.

Staff told us they 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. Staff told us the practice provided support and encouragement for them to do so.