

## Droylsden Road Dental Practice Partnership

# Droylsden Road Dental Practice

### Inspection Report

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Newton Heath  
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Website: none

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## Overall summary

We carried out this announced inspection on 15 June 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**

Droylsden Road Dental Practice is in Newton Heath and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. There is one accessible parking space at the rear of the premises for blue badge holders. On street parking is available near the practice.

# Summary of findings

The dental team includes four dentists (one of whom is a foundation dentist), seven dental nurses (two of whom are trainees) who also work on reception, and a practice manager. The practice has four treatment rooms. Droylsden Road Dental Practice is a foundation training practice. Dental foundation training is a post-qualification training period, mainly in general dental practice, which UK dentistry graduates need to undertake in order to work in NHS practice.

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 Droylsden Road Dental Practice was one of the partners.

On the day of inspection, we collected 42 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 three dentists, four dental nurses (including the trainee dental nurse), one of the partners 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 to Friday 9am to 5pm

Saturdays by prior arrangement.

## Our key findings were:

- The practice was refurbished to a high standard and appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Items were missing from the medicines and life-saving equipment available.
- The practice had systems to help them identify and manage risk. We highlighted areas where some processes required improvement.

- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. A few members of staff required refresher training in safeguarding.
- The practice had staff recruitment procedures. Some of the required information was not available.
- 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 practice 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 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 sharps procedures to ensure the practice follows the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and that immunity is in place or risk assessed for all clinical staff.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's risk management systems for monitoring and mitigating risks. Legionella and hazardous substances.
- Review the practice's system for identifying, disposing and replenishing of out-of-date stock, in particular for medicines.

# 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. They used learning from incidents and complaints to help them improve.

Improvements could be made to the risk management of sharps, hazardous substances and Legionella.

Staff knew how to recognise the signs of abuse and how to report concerns. Four members of staff did not have up to date training in safeguarding.

Staff were qualified for their roles. We looked at staff recruitment records; some of the required information was not available. Evidence of immunity to hepatitis B was not available for three members of staff.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Inappropriate items were stored in the external waste facility. These were addressed during the inspection.

Improvements were needed to the arrangements for dealing with medical and other emergencies. Immediate actions were taken during the inspection to address these.

The practice had systems for appropriate and safe handling of medicines. A small quantity of expired local anaesthetic was found and removed immediately. The processes to ensure the security of prescriptions could be improved.

No action



### Are services effective?

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 gentle and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice was aware of national oral health campaigns and participated in local schemes to promote early dental attendance amongst young children, improve the delivery of preventive care and advice, and treat dental decay.

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 including regular peer review, clinical meetings and case reviews as part of their approach in providing high quality care.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from 42 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, welcoming and polite.

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.

No action



## Are services responsive to people's needs?

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

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. They had carried out major refurbishment of the premises which resulted in improved access for patients.

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

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

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

No action



## Are services well-led?

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

On the day of the inspection, all staff valued the opportunity to engage in discussion and feedback to improve the practice.

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.

There were clear and effective processes for managing risks, issues and performance. We discussed some areas where improvements could be made. In particular, the arrangements for medical emergencies and the storage of clinical and gypsum waste. Staff acted immediately to address these areas and provided evidence of this. They gave assurance they would review hazardous substances and Legionella, carry out a full sharps risk assessment and follow up on staff immunity.

No action



# Summary of findings

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. 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 that 11 members of staff received safeguarding training. Evidence was not available for four members of staff. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC when a safeguarding referral is made.

There was a system to highlight vulnerable patients on records, for example, 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.

Staff told us they had a good relationship with the local school nurses. They discussed vulnerable children where appropriate and encouraged attendance at appointments.

The practice had a whistleblowing policy. Staff told us they 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 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. These reflected the relevant legislation. We looked at staff recruitment records. Some of the required information was not available, we

were told this was held offsite in a secure office. We reviewed the records available and saw evidence that clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover in place. We saw that the practice had a system to carry out Disclosure and Barring Service (DBS) checks. We did not see evidence of identity checks, right to work assessment or whether references had been obtained, we were assured these were in place.

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

The premises had recently undergone major refurbishment which included the installation of new electrical, fire detection, security and emergency lighting systems. Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

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. The practice had registered their use of dental x-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017. Local rules for the safe operation of X-ray equipment were displayed. We noted these were not specific to each treatment room and machine. We discussed this with the registered manager who assured us they would be reviewed.

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.

# Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had not been undertaken. A safer needle system was in use and staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. 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 practice manager assured us they would carry out a risk assessment and ensure that all staff were following safety procedures.

The registered provider told us they ensured 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. Evidence of this could not be provided for three members of staff. Two were in the process of following up with their GP to obtain their results, risk assessments were in place for them to prevent accidental exposure. One had completed their initial course of vaccinations in October 2017. They had not attended for blood testing to ensure they had adequate levels of protection. This was discussed with the individual who took immediate action to contact their GP and the provider to follow up and risk assess.

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

Improvements were needed to the emergency equipment and medicines available. Oropharyngeal airways, different sized oxygen masks and self-inflating oxygen bags with masks and were not available. Staff carried out and kept records of weekly checks of the emergency kit; this system required improvement. We found staff were not familiar with the guidance on medical emergencies issued by the Resuscitation Council (UK). We discussed these with the registered manager. Staff took immediate action to order the missing items and assured us they would review their systems of checks of medical emergency drugs and equipment. A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider retained product safety data sheets for all hazardous substances in use. They did not carry out risk assessments to minimise the risk that can be caused from

substances that are hazardous to health. We observed some unidentified substances and discussed the need to ensure that all hazardous substances are clearly labelled and have instructions for their correct storage, use and disposal. The practice manager gave assurance that they would carry out risk assessments and review the storage of hazardous substances.

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.

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was carried out in 2011 before the building renovations. Legionella had not been reviewed after this date as recommended in guidance. All recommendations had been actioned, including the removal of water storage tanks to reduce the risk. Staff carried out monthly water temperature testing, they had not received legionella training and were unsure which were the correct (sentinel) taps. The practice told us they would contact a specialist to carry out an updated risk assessment, act on any recommendations and provide training for staff. Dental unit water line management and water quality testing were in place.

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 appropriately in line with guidance. A secure external waste storage facility was located at the rear of the premises. We discussed whether

# Are services safe?

the practice may need an additional secure clinical waste bin as the existing one was full, resulting in staff having to place a clinical waste bag in the compound. We also saw that boxes of gypsum waste were in the storage facility, this was starting to degrade. The practice had an arrangement for a local dental laboratory to safely dispose of these. They contacted the laboratory who sent a member of staff to collect these immediately, and we saw evidence of this. They removed sharps boxes to the secure cellar to increase the space in the external compound.

Staff carried out regular observations and audits of specific decontamination and cleaning processes. This did not include how infection prevention and control was managed and operated. We discussed the requirement to audit standards of infection prevention and control on a six-monthly basis. The practice manager gave assurance that this would be implemented.

## 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 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 systems for appropriate and safe handling of medicines.

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

anaesthetic in a treatment room that was used infrequently. This was brought to the attention of the practice manager and removed immediately. They told us they would review the processes for checking this.

The practice stored and kept records of NHS prescriptions as described in current guidance. We noted that the system to record prescriptions would not recognise whether any prescriptions had been taken. We discussed this with the team who confirmed they would implement this without delay.

The dentists were aware of current guidance with regards to prescribing medicines. An antimicrobial prescribing audit had recently been carried out to ensure these were followed.

## Track record on safety

The practice had a good safety record.

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.

We saw that incidents were 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 not aware of the Serious Incident Framework. We made the provider aware of this and discussed how the practice could use this in the event of a serious incident. We saw evidence of how the practice recorded, responded to and discussed incidents to reduce risk and support future learning.

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.

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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The staff were involved in quality improvement initiatives including regular peer review, clinical meetings and case reviews as part of their approach in providing high quality care. 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 provider was aware of high levels of deprivation and dental disease in the area. On the day of the inspection, we saw how staff engaged families and children in friendly discussion, for example, about toothbrushing.

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. Patients were signposted to local stop smoking services when necessary.

The practice was aware of national oral health campaigns and participated in local schemes to support patients to live healthier lives. For example, the 'Baby Teeth do Matter' programme. This was developed by the Greater Manchester Local Dental Network to promote early dental attendance amongst young children, improve the delivery of preventive care and advice as well as the treatment of dental decay. They were also part of the Greater Manchester 'buddy practice scheme'. This involves General Dental Practices working with Oral Health Improvement

teams, local schools, nurseries and safeguarding teams to increase access, and identify unmet needs of patients. Appropriate advice and access to dental services is offered to children who would benefit.

The dentists 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'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 also referred to 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

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

### Effective staffing

# Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. They were supported in training and development. For example, one of the dental nurses had received additional training in oral health education and the application of fluoride.

Staff new to the practice had a period of induction based on a structured induction programme. 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, one to one meetings and during clinical supervision. 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.

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.

# 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 polite.

We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk, in the waiting room 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 information, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the ground floor waiting area provided limited privacy when reception staff were dealing with patients. A private discussion area was available in reception. Staff told us this was used regularly for private discussion and we saw evidence of this on the day. 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 to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements of the Equality Act. The Accessible Information Standard is 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. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. For example, at the local Sure Start centre. 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. A dentist 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 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. They had carried out major renovation of the premises which included improving access for patients.

Staff were clear on the importance of emotional support needed by patients when delivering care. Nervous patients commented how staff had been kind and supportive during treatment, particularly when they found it difficult to accept treatment.

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, patient notes were flagged if they were unable to access the first-floor surgery or if they required a translator.

A disability access audit had been completed as part of the practice renovation plan and an action plan formulated to continually improve access for patients. The practice had made reasonable adjustments for patients with disabilities. These included step-free access, a hearing loop, an accessible toilet with hand rails and a call bell and a designated parking space for blue badge holders.

Patients could choose to receive text message and email reminders for upcoming appointments. Staff told us that they telephoned patients after complex treatment to check on their well-being and recovery. Staff also 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.

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

The practice had an efficient appointment system to respond to patients' needs. They were happy to accommodate patient requests for Saturday appointments where possible. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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 practice 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.

The practice had a complaints 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 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. 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 last 12 months.

These showed the practice liaised with NHS England to investigate and respond to complaints. They 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**

The management team 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 set of values. The practice had a realistic strategy and planned its services to prioritise and meet the needs of the local community they served. The practice was located in an area with high levels of deprivation and dental disease. Staff used every opportunity to encourage patients to live healthier lives and attend for appointments.

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. They participated in local schemes to support patients to live healthier lives. For example, the 'Baby Teeth do Matter' programme and the 'buddy practice scheme' in partnership with the oral health improvement team.

### **Culture**

The practice had a culture of high-quality sustainable care. On the day of the inspection, all staff valued the opportunity to engage in discussion and feedback to improve the practice. Teamwork was evident, it was clear that all staff were engaged with the process.

Staff stated they felt respected, supported and valued. They spoke passionately about the service they provided and were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

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 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 partners 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. We discussed some areas where improvements could be made. In particular, the arrangements for medical emergencies and the storage of waste. Staff acted immediately to address these areas and provided evidence of this. They gave assurance they would review hazardous substances and Legionella, carry out a full sharps risk assessment and follow up on staff immunity.

### **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**

# Are services well-led?

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

The practice used verbal comments to obtain patients' views about the service.

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; 86% of the most recent respondents would recommend the practice to family and friends.

The practice gathered feedback from staff through regular meetings, 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 clinical meetings, peer review, case studies and audits of

dental care records, radiographs, prescribing and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. We discussed a minor area of improvement in the process to audit radiographic standards to include the grading of radiographs.

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

The dental nurses 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 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.