Mr Suheil Jabir Patel

Poppies Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 28 September 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

Poppies Dental Care is in Stretford, Manchester and provides NHS and private treatment to adults and children. They also have an NHS contract to provide orthodontic treatment to eligible patients.

There are steps at the front and rear entrances of the premises, making the practice unsuitable for wheelchair users. Plans are in place to extend the premises and improve access for patients. There is a disabled parking space with additional pay and display and on street parking near the practice.

Summary of findings

The dental team includes nine dentists, one orthodontist, nine dental nurses (one of which is a trainee), three dental hygiene therapists, three receptionists, a practice administrator, an administration assistant, a cleaner and a practice manager. There are five treatment rooms.

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

On the day of inspection, we collected 20 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists including the practice principal, five dental nurses, two receptionists 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 Thursday 8:15am to 1pm and 2pm to 5:30pm

Friday 8:15am to 12:30pm and 1pm to 4pm

Saturday 9am to 1pm

Our key findings were:

- The practice appeared bright, clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Minor improvements were needed to the life-saving equipment available.
- The practice had systems to help them identify and manage risks to patients and staff.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the system to track and monitor the security of NHS prescription pads in the practice.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Summary of findings

The five questions we ask about services and what we found

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

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used every opportunity to learn from incidents and complaints to help them improve.

There were systems to assess, monitor and manage risks to patient safety. Improvements could be made to the process to manage the risk from Legionella and improve prescription security. Evidence of improvement was sent after the inspection.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. We saw where safeguarding processes had been followed.

Staff were qualified for their roles and the practice completed essential recruitment checks, including for agency staff.

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.

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 commented they were happy with the service and treatment they received. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

The staff were involved in quality improvement initiatives such as peer review as part of its approach in providing high quality care. The dentists held regular meetings where clinical standards were reviewed and discussed.

The practice was aware of national oral health campaigns and participated in local schemes to support patients to live healthier lives. They had recently signed up to the Manchester 'Healthy Living Dental Practice' (HLD) project. They made a commitment to delivering health and wellbeing advice to a consistently high standard.

No action ✓

Are services caring?

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

No action ✓

Summary of findings

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and welcoming.

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

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

Are services responsive to people's needs?

No action ✓

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Plans were in place to extend the practice and improve access for patients by installing a ramp, accessible toilets and additional ground floor treatment rooms.

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 planned its services to meet the needs of the practice population. For example, they were aware of, and took part in local oral health improvement projects.

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

The practice held clinical meetings and 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, and we saw examples of where these had been followed to seek advice from the local safeguarding team. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC of any safeguarding referrals as staff were not aware.

Staff highlighted vulnerable patients on records e.g. children or adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. We noted this did not include information of external organisations or local sources of support. The practice manager confirmed this would be updated and made readily available to staff.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The practice manager gave examples of where this had been required.

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

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover 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. A fixed wiring inspection had been carried out in 2017. This identified that the electrical systems were not satisfactory. We saw evidence that the practice had acted on all the recommended actions without delay.

The practice had installed fire detection equipment, such as smoke detectors and emergency lighting throughout the premises, in line with a fire risk assessment. Record showed these were regularly tested and serviced. Firefighting equipment, such as fire extinguishers, were regularly serviced and emergency evacuation plans were in place. Fire drills were carried out regularly and two members of staff had received fire marshal training. Safety signage was displayed throughout the practice clearly indicating fire exits, unexpected steps, and X-ray and compressed air warning signs.

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.

They had registered their practice's use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). We saw evidence where they had liaised with their Radiation Protection Adviser (RPA) to ensure the safe positioning and use of equipment.

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

Are services safe?

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

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and a safer syringe system had been adopted universally throughout the practice. 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 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 noted that this evidence was not available for two members of staff, one of which was a trainee dental nurse. One other staff member had received a booster however, did not have documentation of the current levels of immunity. We discussed this with the practice manager to follow up and risk assess as appropriate. The trainee dental nurse was in the process of receiving the vaccinations and a risk assessment was in place to further protect them from risk until evidence of immunity was acquired.

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

Emergency equipment and medicines were available, broadly as described in recognised guidance. We noted that oropharyngeal airways were not available and syringes and needles for the delivery of emergency adrenaline had expired. These were obtained immediately after the inspection and evidence of this was provided. Staff kept records of weekly checks to make sure all items were available and in working order. We discussed how the checking process could be improved to include supplementary items such as needles, syringes and masks. The practice manager sent evidence after the inspection that this had been addressed.

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

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for 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 item 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. All recommendations had been actioned, including the replacement of the cold-water storage tank. Records of air conditioner and boiler servicing, water testing and dental unit water line management were in place. We identified a lesser used sink in the cellar. There were no systems to ensure the taps were regularly flushed to prevent water stagnating. We also observed that the collection vessels of two water purifying units were not left clean and dry at the end of each working day. We discussed these with the practice manager who confirmed these areas would be addressed, and evidence of this was sent after the inspection.

Are services safe?

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

Information to deliver safe care and treatment

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

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

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

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

The practice stored and kept records of NHS prescriptions as described in current guidance. We noted that the system to log prescriptions would not identify if any prescriptions were missing. The practice manager gave assurance this would be reviewed.

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

Antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety

The practice had a good safety record.

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

The practice used every opportunity to learn from incidents to help them improve. We reviewed and discussed a range of incidents that had been reported and investigated. The 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.

Staff recorded, responded to and discussed all incidents to reduce risk and support future learning. They were not aware of the NHS Serious Incident Framework. We discussed how this could be used in the event of an incident of this nature.

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. For example, an emergency protocol had been developed to provide ambulance staff with a comprehensive record of all actions taken by the practice in the event of a medical emergency. All ethyl chloride had been removed from the practice and an alternative product sourced as a result of an incident. Ethyl chloride is a fast-acting vapo-coolant spray that provides rapid, topical local analgesia for minor invasive procedures, and a source of instant 'coldness' for tooth vitality testing.

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 and dental hygiene therapists up to date with current evidence-based practice. The dentists used new dentists joining the practice as an opportunity to collaborate, review standards together and introduce new ideas. We saw that clinicians consistently assessed and documented patients' 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 internal peer review as part of their approach in providing high quality care. The dentists held regular meetings where clinical standards were reviewed and discussed. Separate general, nurses and reception/ administration meetings were also regularly held.

Helping patients to live healthier lives

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

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

Staff discussed smoking, alcohol consumption and diet with patients during appointments where applicable. The practice displayed health promotion materials including national health promotion campaigns. The practice had a selection of dental products as samples and for sale and provided health promotion leaflets to help patients with their oral health.

The practice participated in national oral health campaigns and participated in local schemes available in supporting patients to live healthier lives. For example, the practice was participating in the Manchester 'Healthy Living Dental Practice' (HLD) project. The HLD project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities; practices in this project undergo training and commit to delivering resources and health and wellbeing advice to a consistently high standard. As part of this project they had contacted the local pharmacist to forge a close working relationship and support them with signposting patients and appropriate prescribing. They directed patients to local stop smoking services when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Two of the dentists had recently attended training to implement 'Healthy Gums Do Matter' which is a Manchester primary care clinician-led project which aims to improve the quality of periodontal treatment.

Patients were referred to the dental hygiene therapists as appropriate, and those 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 provided patients with treatment plans, including 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 demonstrated a thorough understanding of their responsibilities under the act when treating adults who may not be able to make informed decisions. They showed us examples of detailed capacity assessments that had been documented prior to providing dental treatment. The policy also referred to Gillick competence, by which a child under the age of 16 years can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dental records we looked at were of a consistently high standard and very detailed. The dentists assessed and documented patients' treatment needs in line with recognised guidance. A comprehensive medical history form was completed with patients and this was checked at every visit.

We saw the practice audited patients' dental care records to check that the dentists and dental hygiene therapists recorded the necessary information to a consistently high standard.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff were encouraged and supported to undertake additional skills training. For example, three dental nurses had completed radiography training and a further two were undertaking this. One dental nurses had just completed a course in orthodontic nursing.

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 appraisals and one to one meetings. 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 to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. The dentists had a clear understanding of the signs and symptoms of sepsis. There was information regarding sepsis available in the reception area to raise patient awareness.

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

The practice monitored all referrals to make sure they were dealt with promptly.

The practice was a referral clinic for orthodontics. They monitored incoming referrals via the Manchester central referral system.

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 "brilliant", caring, friendly and welcoming. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding 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.

Information folders, patient survey results and thank you cards were available for patients to read.

The practice had recently held a colouring competition to engage children in the local community. Prizes including oral health products had been awarded to the winners.

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 privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

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

Accessible Information Standards and the requirements under 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. We saw notices in the reception areas informing patients translation service were available. Information was available in several languages to inform patients of the importance of routinely updating medical history information. Patients were also told about multi-lingual staff that might be able to support them. For example, the practice manager could communicate using British Sign Language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

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

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. For example, patient notes were flagged if they were unable to access the first-floor surgeries or if they required a translator. We were told that staff assisted some patients with the outside stairs if necessary.

The practice was not currently accessible to wheelchair users. They had made reasonable adjustments for patients with disabilities in line with a disability access audit. These included a portable hearing loop and grab rails at the practice entrance and in the toilet. The practice were restricted from making further adjustments to the premises. They had purchased the adjoining building and plans were in place to extend the practice and improve access for patients by installing a ramp, accessible toilets and additional ground floor treatment rooms.

Patients could choose to receive text message reminders or letters for upcoming appointments. Staff telephoned some patients prior to their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

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. They offered early morning and Saturday appointments for the convenience of patients.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practices' 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.

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

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

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

We looked at comments, compliments and complaints the practice received in the last 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

The principal dentist and practice manager had the capacity and skills to deliver high-quality, sustainable care.

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

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

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

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

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities and improve the premises for patients and staff.

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. For example, they were aware of, and took part in local oral health improvement projects.

Culture

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

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

The practice focused on the needs of patients.

Leaders and managers took effective action to do deal with poor performance.

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

Governance and management

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

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

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

There were clear and effective processes for managing risks, issues and performance. A lone worker risk assessment was in place in relation to the cleaner.

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

On the day of the inspection all staff were open to discussion and feedback. Immediate action was taken to replace items missing from the emergency kit.

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. We saw examples of suggestions from patients the practice had acted on. For example, additional grab rails at the entrance of the practice, the provision of bike stands and a disabled parking bay.

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 latest results showed that 100% of respondents would recommend 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 a range of regular clinical meetings and 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. This approach had led to consistently high standards.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff 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 practice provided support and encouragement for them to do so.