Andrew Shelley and Simon Pope Dental Practice

Andrew Shelley and Simon Pope Dental Practice

Inspection Report

117 Stockport Road
Denton
Manchester
M34 6DH
Tel:0161 3204230
Website: www.shelleyandpope.com

Date of inspection visit: 22 October 2018
Date of publication: 23/11/2018

Overall summary

We carried out this announced inspection on 22 October 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

Shelley and Pope Dental Practice is in Denton, Manchester and provides private treatment to adults and a small proportion of children.

There is a small step into the practice with level access for people who use wheelchairs and those with pushchairs at the rear of the practice. Car parking spaces are available near the practice.

Summary of findings

The dental team includes two principal dentists and an associate dentist, five dental nurses, two dental hygiene therapists and two receptionists, one of whom is the reception manager. The team is supported by a practice manager. One of the principal dentists is registered with the General Dental Council as a specialist in prosthodontics (The replacement of teeth by crowns, bridges, dentures or dental implants). A visiting Consultant in oral and maxillofacial surgery provides additional support on an ad-hoc basis. The practice has four treatment rooms, a decontamination room and a library.

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 Shelley and Pope is the one of the principal dentists.

On the day of inspection, we collected 19 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, three 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 and Wednesday 9am to 5pm

Tuesday and Thursday 9am to 7pm

Friday 8am to 3pm

Our key findings were:

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

We identified an area of notable practice.

The practice offered and arranged free peer review training sessions three times a year to local dentists and dental staff interested in updating their skills in prosthodontics, endodontics, radiography and dental implants. The aim of this service was to promote learning between providers, develop insight about initiatives which would enhance the patient experience, promote good ideas and overall help to improve care to patients.

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

- Review the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that equipment is well maintained. In particular: The second compressor.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular: The risks associated with the Control of Substances Hazardous to Health (COSHH).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

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

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

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

Premises and equipment were clean and properly maintained. Improvements could be made to ensure the second compressor was being maintained in a timely manner.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

The risks associated with the Control of Substances Hazardous to Health (COSHH) had not been assessed.

Are services effective?

No action

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

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

An oral and maxillofacial surgeon provided support to the practice as a visiting Consultant; this allows the practice to provide dental implantology to more complex and demanding cases.

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

The practice was a referral clinic for restorative dentistry, dental implants, endodontics and minor oral surgery.

The practice offered and arranged free peer review training sessions three times a year to local dentists and dental staff interested in updating their skills in prosthodontics, endodontics, radiography and dental implants.

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

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 19 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, professional and approachable.

They said that they were treated with the utmost dignity and respect and were given helpful, honest explanations about dental treatment, and said their dentist listened to them.

Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Are services responsive to people's needs?

No action

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

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

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

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

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC of any safeguarding referrals as staff were not aware.

There was a system to highlight vulnerable patients on records e.g. children and 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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. We saw that these areas were discussed during a recent practice meeting.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

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

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

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We noted there was no maintenance documentation available for the spare compressor which was attached to the mains electrical supply, but was not in use. The practice manager assured us this would be investigated and put right without delay.

We reviewed the fire safety management processes and found a basic in-house fire risk assessment was in place. The risk assessment had not considered all risk associated with the building since it had been refurbished. We highlighted this to the practice manager and principal dentist who agreed and immediately arranged for an external fire assessor to visit the practice the following day, we saw evidence of this. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They 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 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.

Are services safe?

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 was updated annually.

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.

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

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

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.

We reviewed the management of dental material used at the practice. There was a dedicated lead person who had complied a comprehensive COSHH folder. The materials listed had relevant safety data sheets available but the individual risks of each material had not been assessed. We discussed this with the practice manager and lead person who assured us this would be done.

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 protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental 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 dated May 2011. All recommendations had been actioned and records of water testing and dental unit water line management were in place. An updated risk assessment had not been carried out after building work was completed in 2013 to install a new treatment room. We discussed this with the practice manager who immediately arranged for a risk assessment to be undertaken on the 31 October 2018.

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 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 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.

Are services safe?

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. We noted the medicines held for dispensing were not marked with the name and address of the practice. As this is a mandatory requirement we made the partner aware immediately and they assured us this would be addressed without delay.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines and identify areas for improvement.

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.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, incidents involving equipment malfunctions and issues relating to health and safety were reported, recorded and investigated for learning and improvements were made as a result.

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. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentists who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to intra-oral cameras and a microscope to enhance the delivery of care. One of the dentists had an interest in endodontics, (root canal therapy). The dentist used a specialised operating microscope to assist with carrying out root canal treatment. The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. For example, the practice offered and arranged free peer review training sessions three times a year to local dentists and dental staff interested in updating their skills in prosthodontics, endodontics, radiography and dental implants. The aim of this service was to promote learning between providers, develop insight about initiatives which would enhance the patient experience, promote good ideas and overall help to improve care to their patients. The peer review sessions would be tailored to the needs of the professional i.e. dental nurses would hold a separate session to the dentists giving them the opportunity to update their skills and receive continuing professional development. The groups would then come together for a final session to close the training. We believe this is notable because it shows the provider considered that offering their advanced training, skills and knowledge as a free training experience to other dental professionals would help improve the patient experience at all levels within the local community.

Helping patients to live healthier lives

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

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

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

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

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 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 had a direct access protocol in place which gave patients the option to arrange appointments directly with the dental hygiene therapist. Patients would be given a consent form for direct access explaining the process and what treatment can be carried out by the dental hygiene therapist.

Are services effective?

(for example, treatment is effective)

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 give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the dentists had undertaken additional training and qualifications in restorative dentistry, endodontics and dental implants. Dental nurses had also undertaken addition training in dental sedation, radiography and oral health education.

An oral and maxillofacial surgeon provided support to the practice as a visiting consultant; this allows the practice to provide dental implantology to more complex and demanding cases.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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 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 restorative dentistry, dental implants, endodontics and minor oral surgery. They monitored and ensured the clinicians were aware of all incoming referrals daily.

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, knowledgeable and fantastic. 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.

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.

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 Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first 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 used a selection of their own drawings to describe and explain treatment options and explain treatment procedures to their patients.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice. The website had been designed by the practice to give as much information to patients as possible. For example: the website pages had 'click here' links to specific areas such as endodontics and restorative dentistry. The links would download a patient information leaflet for the required specialisation. These information leaflets were also available in the practice to assist patients being referred to the practice for enhanced treatment.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included, for example, photographs, models, X-ray images and an intra-oral camera. The intra-oral camera and microscope enabled photographs to be taken of the tooth being examined or treated 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.

The practice had made reasonable adjustments for patients with disabilities. These included a ground floor treatment room, ramp access into the practice, a hearing loop and reading glasses were also available. We saw that a plan was in place to install hand rails at the front entrance to the practice and the provision of some external signage to inform patients of the ramp access at the rear of the building.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

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 practice managed their own out of hours emergency on-call service by providing contact details for the duty dentist on the telephone answer machine. This ensured patients who needed out of hours care were always seen by a dentist from the practice. The practices' website and information leaflet also included out of hours contact details.

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 dentists 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.

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

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

There were clear and effective processes for managing risks, issues and performance.

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. The practice demonstrated a proactive approach to the inspection and immediate action was taken to address some of the concerns we identified during the day, such as updating the legionella and fire risks.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, patients had requested a better selection of magazines in the waiting room and staff had suggested the use of a social media application to more easily manage annual leave and overtime within the team. The application was trialled for a month and because of its ease of use was embedded shortly afterward.

Are services well-led?

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

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The principal dentists provided financial support and encouragement for them to do so.