

Pratyush Mahapatra Limited

The Paddox Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 12 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Paddox Dental Practice is in Hillmorton, Rugby and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the surrounding streets close to the practice.

The dental team includes three dentists, an orthodontist, an orthodontic therapist, three dental nurses, three dental hygienists, two receptionists and a practice manager. The practice has three treatment rooms.

Summary of findings

The practice is owned by a company 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 The Paddox Dental Practice is the practice manager.

On the day of inspection, we collected 14 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one orthodontist, three dental nurses (one of whom was a trainee), one receptionist 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 from 9am to 7.30pm.

Tuesday from 9am to 5pm.

Wednesday from 9am to 5pm.

Thursday from 8.30am to 5pm.

Friday from 9am to 3pm.

Our key findings were:

- The practice appeared clean and well maintained. Comments received from patients confirmed this was usual.
- 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 with the exception of child and adult self-inflating bags with reservoirs, child and adult oxygen face masks with reservoir and tubing and clear face masks for the self-inflating bag sizes 0,1,2, 3, 4. These items were ordered on the day of our inspection.
- The practice had systems to help them manage risk to patients and staff. The five yearly electrical fixed wire testing was last completed in 2012 and had lapsed. We were advised that it had been scheduled for completion on the 28 March 2019.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures. Personnel files contained evidence that all clinical staff had received the Hepatitis B vaccinations however the immunity levels were not detailed for all staff members to ensure that they were adequately immunised.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. The practice offered extended hours appointments opening until 7.30pm on Mondays and from 8.30am on Thursdays.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's systems for checking and monitoring premises maintenance taking into account relevant guidance and ensure that all services are well maintained. In particular ensuring that five yearly electrical fixed wire testing is completed within relevant timeframes.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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. We found that these were standing agenda items at regular practice meetings.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Two team members including the safeguarding lead were trained to level three in child safeguarding.

Staff were qualified for their roles and the practice completed essential recruitment checks. Personnel files contained evidence that all clinical staff had received the Hepatitis B vaccinations. However the immunity levels were not detailed for all staff members to ensure that they were adequately immunised.

Premises and equipment were clean and properly maintained. The five yearly electrical fixed wire testing was last completed in 2012 and had lapsed. We were advised that it had been scheduled for completion on the 28 March 2019.

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

The practice had suitable arrangements for dealing with medical and other emergencies. Not all recommended equipment was present however missing items were ordered on the day of our inspection.

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. We found that one clinician did not keep as detailed records as the other clinicians. Records we viewed for this clinician did not record treatment options or any risk assessment of tooth wear.

Patients described the treatment they received as outstanding, excellent and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice was a referral clinic for orthodontic treatments. The orthodontist assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online service was used to ensure that all referrals were monitored and tracked appropriately.

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

No action



Summary of findings

The practice referred patients in house through a clear clinical pathway for dental hygiene appointments. The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. One of the dental nurses regularly visited local schools and nurseries to educate children in tooth brushing techniques and deliver healthy eating advice.

Staff understood the importance of obtaining informed patient consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions.

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 14 people. Patients were positive about all aspects of the service the practice provided. They told us staff were supportive, friendly and caring. Patients described a reassuring and helpful team who they were on first name terms with.

Patients said that they were given detailed 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 received positive comments about the receptionists and their helpful, sympathetic manner.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. During the inspection we saw staff showed a caring and respectful attitude towards patients.

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's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening late until 7.30pm on Mondays and opening early from 8.30am on Thursdays.

The practice was aware of the needs of the local population and took those these into account in how it ran. Several team members had attended a dementia course to improve their understanding and help support patients living with dementia. In addition to this, the practice had become a dementia alliance member and had enhanced care in the practice by several staff members being dementia friends, allocating appointments at quieter times to patients living with dementia, by replacing flooring with light coloured flooring, and decorating the practice doorframes and handles with contrasting colours.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. There was a portable ramp available due to having one step from the waiting room to the treatment room. The practice had access to telephone interpreter services and several team members were multi-lingual. The practice had arrangements to help patients with sight or hearing loss.

No action



Summary of findings

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

Are services well-led?

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 typed and stored securely.

The practice's mission statement advised patients that they will listen to and work with them to provide care that meets the best and appropriate choices for the patient's dental care.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn.

The practice sought feedback from staff and patients, which it acted on and shared among all the practices to improve its services.

No action 

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training, two team members including the safeguarding lead were trained to level three in child safeguarding. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. 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 nine 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. However, the five yearly electrical fixed wire testing was last completed in 2012 and had lapsed. We were advised that it had been scheduled for completion on the 28 March 2019 and sent a confirmation email.

Records showed that fire detection and fighting equipment, such as smoke detectors and fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

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 reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in the patient information folders and on the staff notice board.

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. We found that the effectiveness of the vaccination was not detailed for all staff members. The practice manager advised us they would contact their occupational health department to request this information.

Are services safe?

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

Appropriate medicines and life-saving equipment were available with the exception of child and adult self-inflating bags with reservoirs, child and adult oxygen face masks with reservoir and tubing and clear face masks for the self-inflating bag sizes 0,1,2, 3, 4. These items were ordered on the day of our inspection. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists, the orthodontist, the dental hygienists and the orthodontic therapist when they treated patients in line with General Dental Council 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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 had been completed in April 2016. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. The latest audit completed in October 2018 showed the practice scored 100% and 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 requirements.

The practice accepted referrals for orthodontic and implant treatments. 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 provider 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.

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.

Track record on safety and Lessons learned and improvements

Are services safe?

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.

In the previous 12 months there had been ten safety incidents. The incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

The orthodontist and an orthodontic therapist provided treatment and assessed patients' needs in line with recognised guidance provided by the British Orthodontic Society. We saw several examples of detailed orthodontic treatment plans. Dental care records shown to us demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. The records were comprehensive, detailed and well maintained.

Orthodontic treatment plans were completed and given to each patient, these included the cost involved if private orthodontic treatment had been proposed. Patients' dental treatment was monitored through follow-up appointments and these typically lasted between eighteen months to two years for a course of orthodontic treatment.

The practice had access to intra-oral cameras and digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives

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

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

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

The practice referred patients in house through a clear clinical pathway for dental hygiene appointments. The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. One of the dental nurses regularly visited local schools and nurseries to educate children in tooth brushing techniques and deliver healthy eating advice.

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

Are services effective?

(for example, treatment is effective)

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. However, we found that one clinician did not keep as detailed records as the other clinicians. Records we viewed for this clinician did not record treatment options or any risk assessment of tooth wear.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, some of the dental nurses held extended duty qualifications in impression taking, radiography and 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 annual appraisals and staff meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The practice manager had developed an annual training schedule which detailed in advance monthly training to be held at practice meetings. Training topics included sepsis, female genital mutilation, and medical emergencies.

Co-ordinating care and treatment

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

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

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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 implant procedures and orthodontic treatments. They monitored and ensured the dentists 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 supportive, friendly and caring. Patients described a reassuring and helpful team who they were on first name terms with. We saw that staff treated patients respectfully and were welcoming towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We received positive comments about the receptionists and their helpful, sympathetic manner.

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

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

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

- Interpretation services were available for patients who did not speak or understand English. A leaflet in the patient information folder notified patients that translation services were available. 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 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 website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice manager shared examples of how the practice met the specific needs for several patients and we were shown thank you cards from patients and family members to support this.

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. Nervous patients were given longer appointments which were scheduled at quieter times of the day.

The practice was aware of the needs of the local population and took those into account in how it ran. Several team members had attended a dementia course to improve their understanding and help support patients living with dementia. In addition to this the practice had become a dementia alliance member and had enhanced care in the practice by several staff members being dementia friends, allocating appointments at quieter times to patients living with dementia, by replacing flooring with light coloured flooring and decorating the practice doorframes and handles with contrasting colours.

The practice had made reasonable adjustments for patients with disabilities. These included step free access using a portable ramp, a magnifying glass and accessible toilet with hand rails and a call bell.

A disability access audit had been completed in March 2018 and an action plan formulated to continually improve access for patients.

All patients that had consented were reminded of appointments two working days before by text message. 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 offered extended hours appointments opening late on Monday until 7.30pm and early on Thursday from 8.30am.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. 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 had an arrangement to signpost patients to the emergency on-call arrangement with the NHS 111 out of hour's service. The practice's 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 over the past 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

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

Culture

The practice had a culture of high-quality sustainable care. The practice's mission statement advised patients that staff would listen to and work with them to provide care that met the best and appropriate choices for their dental care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Some staff members had worked at the practice more than 25 years and had developed close and professional relationships with their patients. This enabled the practice to focus on the needs of patients.

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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys, online reviews and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, following patient feedback grab rails were placed by the single steps in the hallways.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results we viewed showed that patients were likely to recommend this practice to friends and family.

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. For example, hygienist appointments were lengthened by five minutes per session following staff feedback.

Are services well-led?

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

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

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