

Mr Russell Taylor

LWT Dental Care - Leppings Lane

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 13 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

LWT Dental Care is situated approximately three miles from Sheffield city centre and is a branch practice of LWT Dental Care Ecclesall Road Sheffield. The practice comprises of two treatment rooms, a small reception and waiting area, an instrument decontamination room and separate sterilisation room, a staff and administration area and has toilet facilities and limited disabled access. The practice provides NHS and private dental treatments.

The practice is visited by one associate dentist two days a week and one associate dentist who provides preventative dentistry only, visits the practice on a monthly basis. In addition there are two dental nurses one receptionist, and a practice administrator.

The practice is open:

Monday to Friday 09:00 – 17:30

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Registered persons 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 received 26 CQC comment cards providing feedback. The patients who provided

Summary of findings

feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very pleasant and helpful, the practice had a happy environment; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- The practice was visibly clean and uncluttered.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective and embedded.
- The practice proactively sought feedback from staff and patients about the services.
- There was a clear leadership structure in place and staff felt supported at all levels.

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 effective systems and processes in place such as infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and inducted, suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times. Robust induction processes were in place and had been completed by all staff. We reviewed two staff recruitment files and evidence was available to support the policy and process had been followed. A dental nurse has recently been recruited for this practice. We reviewed the legionella risk assessment dated March 2016, evidence of regular water testing was being carried out and the dental unit water lines were being managed appropriately.

No action



Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) and the British Society of Periodontology (BSP). The practice focused strongly on prevention. The staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options and relevant X-rays.

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the practice administrator. The clinical staff were up to date with their continuing professional development (CPD).

No action



Are services caring?

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

We collected 26 completed CQC patient comment cards on the day of our visit. These provided a very positive view of the service provided. Comments confirmed that the quality of care was very good. We observed patients being treated with respect and dignity during interactions at

No action



Summary of findings

the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. A separate room would be made available if patients wished to speak privately. We observed the staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice had an accessible ground floor treatment room and a single step low level access into the building for patients with mobility difficulties and families with pushchairs. Patients who could not physically access the practice were offered treatment at the main Ecclesall Road practice.

A complaints process was accessible to patients who wished to make a complaint. The practice administrator recorded complaints and cascaded learning to staff. The practice also had patients' advice leaflets and practice information leaflets available on reception.

No action



Are services well-led?

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

There was a clearly defined and effective management structure in place; all staff told us they felt supported and appreciated in their own particular roles. The practice administrator was responsible for the day to day running of the practice and demonstrated robust practice management processes and administrative evidence, all staff we spoke with share a commitment to continually improving the service they provided.

Communication throughout the practice was effective, the process of information dissemination by e-mail and practice meetings ensured all staff remained up to date.

The practice had robust clinical governance and risk management structures in place. Staff told us they could raise any concerns with the principal dentist and practice administrator.

We saw evidence of teamwork, professionalism and dedication within the practice.

No action



LWT Dental Care - Leppings Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 13 September 2016 and was led by a CQC Inspector and a specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with one dentist, three dental nurses/receptionist, the practice administrator from

the Ecclesall road practice and the branch practice administrator. We saw policies, procedures and other records relating to the management of the service. We reviewed 26 CQC comment cards that had been completed.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice administrator.

Staff understood and embraced the concept of learning from incidents including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Incidents were discussed and documented as a permanent agenda item, with decisions recorded in the minutes. We saw evidence of recent incidents discussed and processed in the most recent practice minutes dated June 2016. RIDDOR and Significant Event reporting flow charts were visible throughout the practice.

The practice administrator showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. MHRA alerts were logged separately by the practice administrator at the main practice and promulgated effectively to the branch practice. The practice had robust processes in place to ensure that incidents, lessons learnt and MHRA alerts reached staff returning from absence. We saw MHRA information flow charts throughout the practice.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures that were in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was an allocated lead and deputy for safeguarding and staff told us they would work as a team to resolve any concerns. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

All staff were aware of the procedures to raise safeguarding concerns, they were appropriately trained and could demonstrate their awareness of the signs and symptoms of abuse and neglect.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues to the principal lead, practice administrator or external agencies without fear of recriminations.

Medical emergencies

The practice had written procedures and flow charts in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept very well organised resuscitation equipment and record logs, which indicated the emergency equipment, emergency medical oxygen cylinder, emergency medicines and AED were checked weekly. We checked the emergency medicines and found they were of the recommended type and were all in date. Emergency medicines were grouped by medical emergency with instructions for use. The practice had a designated lead for emergency medicines and equipment and in-house medical emergency training was carried out annually.

Are services safe?

Staff recruitment

The practice had a comprehensive recruitment and induction policy in place and this process had been followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed two member of staff's recruitment file, which confirmed the processes had been followed. All personal information was stored securely.

We saw all staff had been appropriately checked in accordance with the practice Disclosure and Barring Service (DBS) policy. The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw records that assured us all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance, in date to December 2016, which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had comprehensive risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which was reviewed in November 2015; it included a robust fire safety risk assessment and guidance on fire safety, manual handling and dealing with clinical waste.

The practice had a comprehensive Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were introduced a new risk assessment was put in place.

We noted there had been an independent fire risk assessment completed for the premises in January 2016. An in-house fire risk assessment was carried out in March 2016 and followed up with in-house checks including smoke alarms which were tested weekly, and the fire

extinguishers were regularly serviced by external agencies. A fire drill was scheduled to take place October 2016. The practice had a comprehensive fire safety policy and all staff attended fire marshal training bi-annually. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice separate instrument decontamination and sterilisation rooms joined by a hatch which was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. The practice had a very knowledgeable dedicated lead for infection prevention and control. Work flow in the instrument decontamination and sterilisation rooms from the 'dirty' to the 'clean' zones was clearly identified. We observed staff wearing appropriate personal protective equipment when working in the decontamination and sterilisation room this included heavy-duty gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures. For example, instruments were transported in a rigid colour coded sealed box to the decontamination area. Instruments were hand scrubbed using a long handled brush under temperature controlled solution before being passed through the hatch to the 'clean' sterilisation room. Instruments were inspected under light magnification before being placed in a validated non-vacuum autoclave (a device for sterilising dental and medical instruments). Instruments were dried and stored in a date stamped bag and returned to the treatment room in a 'clean' colour coded box or stored in the clean sterilisation room for future use.

We saw records that showed the equipment used for cleaning and sterilising instruments had been maintained and serviced in August 2016 in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

Are services safe?

The practice had a current infection control policy which was visible throughout the practice. We saw from staff records they had received infection prevention and control training over the last year covering a range of topics including hand-washing techniques.

There were adequate supplies of hand sanitiser in the decontamination area and surgeries had soap, paper towels and a poster describing appropriate hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilets. Sharps bins were used correctly and located appropriately, clinical waste was stored securely.

Staff files showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures in the UK).

A Legionella risk assessment was completed in March 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included the use of a water conditioning agent, running the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water temperatures on a monthly basis. A water conditioning agent was used in the dental unit water lines. We saw that monthly in-house water testing was conducted. All staff had received Legionella training August 2016 to raise their awareness. Legionella is a term for particular bacteria, which can contaminate water systems in buildings.

Cleaning equipment was stored and replaced appropriately. There were in-house cleaning schedules in place and records were maintained suitably in line with current guidelines; supervised by the practice administrator.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) was carried out in July 2016 (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw the fire extinguishers had been serviced in January 2016 to ensure they were suitable for use if required.

Equipment such as autoclaves, compressors and X-ray equipment were serviced and maintained in accordance with the manufacturers' guidance, this ensured equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

The X-ray equipment was located in all surgeries. We reviewed the practice's radiation protection file. This contained a copy of the local rules that stated how each X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. All the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice had records to show that the X-ray machines had been serviced and calibrated appropriately. We saw evidence of six monthly quality assurance audits, learning outcomes were missing from the most recent X-ray audit dated February 2016, this was brought to the attention of the principal dentist and practice administrator who assured us the next audit would be conducted in line with NRPB guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept comprehensive detailed paper and electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference.

There was evidence patient dental care records had been audited to ensure they complied with the guidance provided by the FGDP. The last audit was undertaken in March 2016 where action plans were in place to continuously improve the quality of dental care records. These included ensuring X-rays were continually graded and justified.

During the course of our inspection we discussed patient dental care records with the dentists and checked dental care records to confirm the findings. We found they were in accordance with the guidance provided by the FGDP. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been updated prior to treatment. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' dental care records.

We saw the dentist who limited treatment to preventative practice would provide detailed preventative advice; taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that

successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

Health promotion & prevention

The practice had a robust preventative ethos, supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the preventative dentist for a more detailed treatment plan and advice.

Patients were given sound advice regarding maintaining good oral health. The practice had a variety of oral health leaflets available to assist patients with their oral health.

The practice utilised the extended duties dental nurses who were trained in fluoride application and oral health education.

Staffing

New staff had a period of induction to familiarise themselves with the way the practice ran. The comprehensive induction process included ensuring the new member of staff was aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw completed induction checklists in the recruitment files, new members of staff would be mentored during the early stages of employment.

Staff told us they had access to on-going training to support their skill level and were actively encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

We saw evidence of completed appraisal documents and training plans for the year for each staff member. Staff told us they could approach the partners or practice administrator at any time to discuss continuing training

Are services effective?

(for example, treatment is effective)

and development as the need arose. The principal dentist encouraged in-house and external team training, evidence of this was provided and a deanery training-course timetable was visible in the staffroom; promoting self-motivation and positive team attitude towards continuous improvement.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including private orthodontics, sedation and oral surgery, NHS orthodontic services were limited.

The practice had a process for urgent referrals for suspected malignancies and had very good working relationships with local hospitals.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give

informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training in December 2014 and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves

We saw that patients gave their consent before treatment began and the patient signed a treatment plan. We saw within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. Staff confirmed that clinicians engaged patients fully and presented options and risks.

The practice gave patients with complicated or detailed treatment requirements more time to consider all options, risks and cost associated with their treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and stated they were treated with care, respect and dignity. Patients told us, staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us and we witnessed staff were friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. The patient's waiting area was within the small reception; to maintain confidentiality, staff would offer an alternative room to patients if required. Staff were helpful, discreet and respectful to patients.

Patients' electronic care records were password protected and backed up daily to secure storage, secondary back up was also used daily by USB plug-in and secured overnight. Paper documentation was stored in locked cabinets in a secure room.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described how they involved patients' relatives or carers when required and allowed sufficient time to explain fully the care and treatment they were providing appropriately.

Patients were also informed of the range of treatments and costs available in information leaflets in the waiting room. The practice was in the process of considering the production of a website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Appointment length was in accordance with the clinical needs. Dedicated emergency appointments times were available and adequate due to ample daily clinical availability. Staff told us the practice strives to see emergency patients on the same day. The next available appointment was the following day. If the practice was closed patients were directed to the NHS out of hours 111 service via the practice answer machine.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented that dentists took their time to discuss their treatment needs in depth and explained the treatment options in a way they understood. Patient's commented that the practice provided high standard dental care and the facilities were meticulously kept at all times. Some had been patients for many years.

Tackling inequity and promoting equality

Wheelchair users had single step access directly into the side of the building. One treatment room was located on the ground floor and was large enough to accommodate a wheelchair or pushchair. An accessible toilet was also located on the ground floor but was not wide enough for wheelchair access. Patients with problems accessing the practice would be offered treatment at the main practice. There was no dedicated parking due to the location of the practice; parking was easily located within the local area.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients. The practice also had access to a local translation services for those whose first language was not English and a hearing loop was available for those who were hard of hearing.

Access to the service

The practice displayed its opening hours in the premises and on the NHS choices website.

The opening hours are:

Monday to Friday 09:00 – 17:30

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so no patient was turned away. Patients commented that they had received emergency treatment the same day that they had requested to be seen.

Systems were in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine; the practice information leaflet provided supporting information.

Concerns & complaints

The practice complaints policy was reviewed in September 2016. The policy provided staff with clear guidance about how to handle a complaint. The practice administrator was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the partners or practice administrator to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received one complaint in the past year. We saw that the complaint had been dealt with in line with the practice procedure. This included acknowledging the complaint, providing a formal response and resolution. Written and verbal complaints were acknowledged and resolved appropriately. We saw that content of complaints were discussed at practice meetings and appropriate learning identified. Information on how to make a complaint was available for patients in reception with contact information to external agencies included.

Are services well-led?

Our findings

Governance arrangements

There was a comprehensive range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. All staff had individual practice e-mail accounts which were managed by the Ecclesall Road practice administrator; this administrative tool was used to maintain communication with all staff and used to identify when staff appraisals were due. We saw evidence of this management tool being used effectively throughout; there was an excellent display of communication at all levels despite the logistical problems of the practice being split over three floors. All staff had access to the clinical diary.

There was a refurbishment plan in place to move towards best practice, for example, future plans included upgrading the flooring in one of the treatment rooms to bring it in line with HTM01-05. The installation of a new ultrasonic bath to remove the current practise of hand scrubbing contaminated instruments and redecoration.

The practice had a very positive approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw effective risk management processes to ensure the safety of patients and staff members.

There was a robust management structure in place at all levels to ensure that responsibilities of staff were clear. The Ecclesall Road practice administrator and partners had specific areas of accountability; this enabled a shared top level practice responsibility and a clear signpost for staff with any particular issue. Staff told us that they felt very supported, were clear about their roles and responsibilities and were proud to work at the practice.

Leadership, openness and transparency

There was an obvious open culture within the practice and staff told us they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. There was an impressive amount of physical and visual evidence to support team

communication and cohesion for example, staff were very knowledgeable about practice procedures and topics discussed at team meetings. The practice administrator ensured policies and procedures were reviewed regularly to remain current and wealth of protocols and flow charts were visible throughout the practice.

The practice held regular team meetings involving all staff. These meetings were minuted and distributed throughout the practice. The e-mail system was managed by the Ecclesall Road practice and used effectively to maintain communication between both practices. We witnessed team spirit, excellent team ethos and professionalism at all levels.

All staff were aware of with whom to raise any issue and told us the practice administrator and partners were very approachable would listen to their concerns and act appropriately. There was a no blame culture at the practice and that the delivery of high quality care was part of the practice's philosophy.

Learning and improvement

The practice had comprehensive and robust quality assurance processes in place to encourage continuous improvement. The practice constantly audited different areas of their practice to uphold continuous improvement and learning. This included audits such as dental care records, infection prevention and control and X-rays. Each audit cycle was improved upon to ensure the process was user friendly and efficient. Learning outcomes were missing from the most recent X-ray audit dated February 2016, this was brought to the attention of the principal dentist and practice administrator who assured us the next audit would be conducted in line with NRPB guidance.

Staff told us they were encouraged and supported to complete training relevant to their roles; this included medical emergencies, basic life support, infection prevention and control and radiography.

Staff were supported to maintain their continuous professional development as required by the General Dental Council.

Practice seeks and acts on feedback from its patients, the public and staff

Are services well-led?

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out various patient satisfaction surveys and had a comment box in the waiting area.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

We saw the practice held regular practice meetings, which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues that had not already been addressed during their daily interactions.