

## Styvechale Dental Care

# Styvechale Dental Care

## Inspection Report

85-87 Baginton Road  
Styvechale  
Coventry  
CV3 6FR  
Tel: 02476 414225  
Website: [www.styvechaledental.co.uk](http://www.styvechaledental.co.uk)

Date of inspection visit: 11 July 2018  
Date of publication: 02/08/2018

### Overall summary

We carried out this announced inspection on 17 July 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**

Styvechale Dental Care is in Styvechale, Coventry and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the streets near the practice.

The dental team includes five dentists, six dental nurses (all of whom were also trained in reception duties), a decontamination assistant, one dental hygienist, one dental hygiene therapist, an assistant practice manager and a practice manager. The practice has five dental treatment rooms.

# Summary of findings

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 Styvechale Dental Care is one of the partners.

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

During the inspection we spoke with three dentists, one dental nurse, the decontamination assistant, one dental hygienist, the assistant practice manager 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 5.30pm

Tuesday from 8.15am to 5.30pm

Wednesday from 8.15am to 5.30pm

Thursday from 8.15am to 5.30pm

Friday from 8.15am to 5.30pm

One Saturday per month from 9am to 12.30pm

## Our key findings were:

- Strong and effective leadership was provided by the partners, an empowered practice manager and the assistant practice manager. Staff felt involved and supported and informed us this was a good place to work.
- The practice appeared clean and well maintained. The practice had a contract in place with a cleaning company.
- 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. At the time of our visit the practice did not record daily

defibrillator checks. They showed us a logbook that had been purchased to record this in and informed us that they would use this following a staff meeting which had been scheduled for the following week.

- The practice had systems to help them manage risk to patients and staff. We found the practice had not completed a five-year electrical fixed wire test, this was immediately scheduled following our visit.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances. Most of the practice team had completed higher level safeguarding training than that which was required.
- The provider had thorough staff recruitment procedures. They had a very low staff turnover with most team members having worked at the practice for at least ten years.
- 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. They routinely referred patients to their dental hygienist and dental hygiene therapist through a clear care pathway.
- The appointment system met patients' needs. Patients could access treatment and urgent care when required.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all relevant dental materials and substances.

# 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. The practice had not completed a five-year electrical fixed wire test, this was immediately scheduled following our visit.

Guidance was available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials although at the time of our visit risk assessments had not been completed for all of these. We were advised this would be rectified.

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. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks. They had a very low staff turnover with most team members having worked at the practice for at least ten years.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. At the time of our visit the practice did not record daily defibrillator checks. They showed us a logbook that had been purchased to record this in and informed us that they would use this following a staff meeting which had been scheduled for the following week.

No action



### Are services effective?

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

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

The practice were committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienist and dental hygiene therapist through a clear care pathway.

The dental hygiene therapist and one of the practice nurses visited local preschools and nurseries to educate children in tooth brushing techniques and deliver healthy eating advice.

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

No action



# Summary of findings

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Most of the dental nurses had extended duties which included radiography to enhance patient support.

The practice was involved in quality improvement initiatives such as the British Dental Association (BDA) good practice accreditation. This was a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

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

They said that they were given detailed explanations of treatment options and received excellent aftercare. Patients consistently informed us that their dentists were considerate and listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Patients described the care given to children as empathetic and caring. A patient told us that due to their child's medical condition the practice tailored treatments to ensure their child was put at ease and understood the treatment.

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

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening early Tuesday to Friday from 8.15am. Saturday morning appointments were also available for patients preferring not to attend during the week.

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

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

No action



## Are services well-led?

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

Strong and effective leadership was provided by the partners, an empowered practice manager and the assistant practice manager. The partners, practice manager and other staff shared a

No action



# Summary of findings

commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the partners and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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.

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. Results from a recent patient satisfaction survey were extremely positive with 100% of patients stating that they would recommend this practice to family and friends.

# 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, most of the practice team had completed higher level safeguarding training than that which was required. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on electronic care 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 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. A policy was available to staff to ensure they were aware of the signs and practice procedure should they identify any patients this affected.

There was a whistleblowing policy which included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where a patient refused to use rubber dam we were advised that the dentists would not proceed with treatment and would record this in the patient's dental care record.

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 also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure. The practice had a very low staff turnover with most team members having worked at the practice for at least ten years.

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 found the practice had not completed a five-year fixed electrical wire test, this was immediately scheduled following our visit.

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 met current radiation regulations and had the required information in their radiation protection file. The practice used digital X-rays which reduced the dose of radiation.

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.

The practice had a cone beam computed tomography (CBCT) machine. We found that one dentist's training had lapsed although this had been scheduled for later this year. Appropriate safeguards for the use of this equipment were in place for patients and staff.

### **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. At the time of our visit the practice did not record daily defibrillator checks. They showed us a logbook that had been purchased to record this in and informed us that they would use this following a staff meeting which had been scheduled for the following week.

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

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in June 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The latest audit completed in July 2018 achieved 98% which 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, (formerly known as the Data Protection Act).

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

# Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines. We found that the practice did not include their name and address on dispensed medicines. New labels were immediately created and added to all medicines to rectify this.

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

## **Track record on safety**

The practice had a good safety record.

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice protected staff and patients with guidance available for staff on the Control of Substances Hazardous

to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials and the practice were in the process of completing risk assessments for all of these. This information was stored in a designated COSHH file.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

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.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed 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 one of partners 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 microscopes to enhance the delivery of care. For example, one of the dentists had a particular 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 practice was involved in quality improvement initiatives such as the British Dental Association (BDA) good practice accreditation. This is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

### 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 practice were committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienist and dental hygiene therapist through a clear care pathway.

The dental hygiene therapist and one of the practice nurses visited local preschools and nurseries to educate children in tooth brushing techniques and deliver healthy eating advice.

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

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

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 dental hygienist 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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can 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.

# Are services effective?

(for example, treatment is effective)

We saw that 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. All of the dental nurses were qualified and trained to work on reception. The practice manager and assistant practice manager were also qualified dental nurses.

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 told us they discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. All of the dental nurses (except the most newly qualified nurse) had extended duties which included radiography to enhance patient support.

## **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 implant procedures and they monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, caring and welcoming. They said that they were given detailed explanations of treatment options and received excellent aftercare. They consistently informed us that their dentists were considerate and listened to them. Patients also commented that the practice team made them feel at ease, especially when they were anxious about visiting the dentist.

Patients described the care given to children as empathetic and caring. One patient told us that due to their child's medical condition the practice tailored treatments to ensure their child was put at ease and understood the treatment.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

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

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. The practice had recently undergone some refurbishment works which included the addition of a back office to offer patients further privacy if required. Staff told us that if a patient asked for more privacy they would take them into the back office. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand 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 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 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. For example, where patients were nervous and requested a specific nurse to assist the dentist this was discussed to ensure that all appointments were scheduled to accommodate this.

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

The team shared examples of how they met the needs of more vulnerable members of society such as patients living with dementia, patients with autism and patients with other long-term conditions.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille. Several members of the practice team were multi lingual.

The practice had made reasonable adjustments for patients with disabilities. This included power assisted front doors, step free access, a wheelchair accessible ground floor treatment room, a low-level reception desk and an accessible toilet with hand rails and a call bell.

A Disability Access audit had been completed June 2018 and an action plan formulated in order to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived by scheduling the first appointment of the session.

Staff told us that they sent patients text message, email or telephone appointment reminders prior to their appointment dependent upon their personal preference.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The

practice offered extended hours appointments opening early Tuesday to Friday from 8.15am. Saturday morning appointments were also available for patients preferring not to attend during the week.

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. Staff told us that patients who requested an urgent appointment were seen the same day and zoned appointment diaries to ensure several appointments were free for same day appointments. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with the NHS 111 out of hour's service.

The practices' website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

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

Leaders 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 aim was to provide high quality care that met patients' needs and wishes. This was achieved by understanding and striving to exceed all patient expectations.

The practice had a realistic strategy and supporting business plans to achieve priorities. This included on-going refurbishment works and enhancing the technology provision already in place. Improvements already made through significant renovation to the building included a spacious modernised reception and waiting area, accessible patient toilet facilities and a second reception area to provide complete patient privacy. In addition to this the partners had invested in new technology such as a new telephone system, new computers and a cone beam computed tomography (CBCT) machine to enhance patient care.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### 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 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 told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

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

The partners had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Details of delegated leads within the practice was on display in the staff room and in the practice managers office.

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. The practice manager and assistant practice manager had recently attended a course in relation to the changes coming into effect under the General Data Protection Regulation (GDPR) requirements.

### Engagement with patients, the public, staff and external partners

# Are services well-led?

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

The practice used patient surveys, a suggestions box and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on. For example, we were told that staff uniforms had recently been changed as a result of staff feedback. The practice had recently changed their name and all staff members were involved in choosing the new name of the practice.

The practice regularly used their own patient satisfaction surveys to seek feedback and gather possible improvement ideas from patients. They had collated the results for the most recent survey which was completed in December 2017. The results showed that 100% of patients were pleasantly greeted on arrival, 100% of patients agreed that their treatment options were clearly discussed and any questions were answered and 100% of patients said they would recommend this practice to family and friends.

Comments collated from the suggestions box were all positive and included: 'the refurb is fantastic' and 'the nurses were lovely, hardworking and dedicated'.

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.

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 partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. In addition to mandatory training the partners supported staff to complete additional training such as patient communication and business management.

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 told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

## **Continuous improvement and innovation**