

Asquith House Dental Practice Partnership

Asquith House Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 15 January 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

Asquith House Dental Practice is in Lichfield and provides NHS and private general dental treatment to adults and children. In addition to this the practice accepts orthodontic treatment referrals. Orthodontics is a specialist dental service concerned with the alignment of

Summary of findings

the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available near the practice.

The dental team includes one dentist with a special interest in orthodontics, three dental nurses (two of whom are trainee dental nurses) one receptionist and two practice managers. The practice has two treatment rooms.

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 Asquith House Dental Practice is the principal dentist.

On the day of inspection, we spoke with two patients. In addition to this we viewed patient feedback on NHS Choices, patient satisfaction surveys and friends and family tests.

During the inspection we spoke with the principal dentist, two dental nurses (one of whom is a trainee), and two practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 8pm

Friday from 8.30am to 5pm

Saturday from 9am to 2pm

Our key findings were:

- The provider took over ownership of this practice in 2017 and had made substantial improvements to the premises including renovation to include a ground floor treatment room, wheelchair accessible toilet

facilities, a decontamination room and the waiting room / reception had been refurbished and modernised. In addition to this computer systems, clinical software and digital X-ray units had been installed.

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff although we found that clinical waste was not stored securely.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details were available in the policy file. The safeguarding lead was trained to level three in the protection of children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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 8pm on Monday to Thursday; opening early from 8.30am on Monday to Friday, and opening from 9am to 2pm on Saturday.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements. However the closed circuit television cameras protocols did not fully reflect published guidelines.

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

Summary of findings

- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Review the practice's waste handling protocols to ensure waste is stored securely prior to disposal in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

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.

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

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

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

There was scope to review the practice's waste handling protocols to ensure waste was stored securely prior to disposal in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

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

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as gentle, excellent and informative.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The orthodontic care provided was evidence based and focused on the needs of the patients. The practice used current national professional guidance in relation to orthodontics including that from the British Orthodontic Society to guide their practice. Oral hygiene education was prescriptive and could include tooth brushing techniques and dietary advice using models, visual displays and following the 'show, tell, do' technique to enhance patient understanding.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online referral system was used to monitor and track outgoing referrals.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. At the time of our inspection the provider was supporting two trainee nurses to become qualified and one dental nurse to complete radiography and topical fluoride application courses. One staff member had not received their appraisal in line with the practice policy, but we were advised this had been scheduled for February 2019.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from two people and viewed patient feedback on NHS Choices, patient satisfaction surveys and friends and family tests. Patients were mostly positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and polite. Negative feedback included not being advised of changes to recall appointment timeframes.

Patients said that they were given detailed explanations about dental treatment, and told us their dentist listened to them. Patients commented that the dental team made them feel at ease, especially when they were anxious about visiting the dentist. Many patients had commented on NHS Choices that the dentist was very experienced at calming nervous children and making the appointments fun for them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Due to recent expansion the practice had an additional treatment room which staff informed us they would use for patients requiring more privacy. Patients said staff treated them with dignity and respect.

The provider had installed closed circuit television cameras within the practice to enhance security. There was scope to review and improve the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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 until 8pm on Monday to Thursday; opening early from 8.30am on Monday to Friday and opening from 9am to 2pm on Saturday.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had been thoughtfully renovated by the provider to enable full access to the facilities for patients in wheelchairs. This included installing a ground floor treatment room and wheelchair accessible toilet facilities.

The provider had painted door frames in contrasting colours to the doors to support patients with sight loss and those living with dementia.

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.

No action 

Summary of findings

The provider took over ownership of this practice in 2017 and had made substantial improvements to the premises including renovation to include a ground floor treatment room, wheelchair accessible toilet facilities, a decontamination room and the waiting room / reception had been refurbished and modernised. In addition to this computer systems, clinical software and digital X-ray units had been installed.

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 had daily huddles, a closed social media group had been developed for immediate information sharing and the team had formal quarterly staff meetings.

There was a clearly defined management structure and staff felt supported and appreciated.

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

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

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment 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, and the safeguarding lead had received level three training. 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 required 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.

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

The dentist 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 five 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 appliances.

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 and had the required information in their radiation protection file. The practice used digital X-rays with fitted rectangular collimators which reduced the dose and scatter of radiation.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

The dentist had 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.

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.

Are services safe?

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

Emergency equipment and medicines were available as described in recognised guidance. 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 dentist when they treated patients in line with GDC Standards for the Dental Team.

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

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

There was a dedicated decontamination room which served both dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. 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 2018. 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 visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was appropriately segregated, however we found it was not stored securely in line with guidance. We were informed that this would be rectified following our inspection.

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

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. Due to the computer systems being repaired by an engineer at the time of our inspection we looked at a sample of paper based dental care records. This confirmed our findings and we noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

The 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.

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 one safety incident recorded in December 2018. At the time of our visit this had not been fully documented as it was still under investigation. The incident was notifiable to CQC and we received the notification following our inspection. The incident had been discussed with the rest of the dental practice team to prevent such occurrences happening again.

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 the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The principal dentist provided orthodontic treatment and assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society.

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 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 dentist 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 dentist 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, national smile week and local stop smoking services. They directed patients to these schemes when necessary.

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

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

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, two trainee dental nurses were being supported to complete their dental nurse

Are services effective?

(for example, treatment is effective)

qualifications. One dental nurse was being supported to complete radiography and topical fluoride application courses. The principal dentist had a special interest in orthodontics.

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 staff meetings. At the time of our inspection one staff member had not received their appraisal in line with the practice's policy, although we were advised this had been scheduled for February 2019. We saw evidence of completed training and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The dentist 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 practice for orthodontic treatment across Lichfield and surrounding areas. Practices referring patients for NHS treatment were required to complete a referral form to enable patients to access services.

The principal dentist would work with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patient's orthodontic treatment.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights.

We received feedback about the practice from two people and viewed patient feedback on NHS Choices, patient satisfaction surveys and friends and family tests. Patients were mostly positive about all aspects of the service the practice provided. Patients commented positively that staff were friendly, helpful and polite. We saw that staff treated patients respectfully and were kind towards patients at the reception desk and over the telephone.

We received limited negative feedback which related to a patient not being advised of changes to recall appointment timeframes.

Patients said staff were compassionate and welcoming. Many patients had commented on NHS Choices that the dentist was very experienced at calming nervous children and making the appointments fun for them. Patients told us staff were kind and helpful when they were in pain, distress or discomfort and they had been offered same day appointments.

Information leaflets were available for patients to read. There was an information screen in the waiting room which displayed different types of dental procedures.

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 some 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.

The provider had installed closed circuit television cameras within the practice to enhance security. There was scope to review and improve the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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. We saw a poster in the reception, with information written in languages other than English, to enable patients to point to their Nationality to enable the language line to be used. 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.
- Braille was available upon request and signage advising patients of this service was on display in the waiting room.
- 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 and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that some patients had medical conditions which had been discussed and arrangements were in place to ensure that a pillow was available to enhance patient comfort.

The practice had been thoughtfully renovated by the provider to enable full access to the facilities for patients in wheelchairs. This included installing a ground floor treatment room and wheelchair accessible toilet facilities.

The provider had painted door frames in contrasting colours to the doors to support patients with sight loss and those living with dementia.

A disability access audit had been completed and an action plan formulated to continually improve access for patients. An assistance dog's policy was in place to ensure that appropriate adjustments would be made.

Staff described examples of nervous patients who found it unsettling to wait in the waiting room before an appointment. Notes were added to these patients' clinical care records to ensure the team kept this in mind so the dentist could see them as soon as possible after they arrived by scheduling the first appointment of the session. In addition to this longer appointments were scheduled.

Where patients had given consent, they were sent appointment reminders by text message four weeks prior to their appointment and again two days prior to their appointment. In addition to this all patients received a courtesy appointment reminder call two days prior to scheduled appointments.

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 until 8pm on Monday to Thursday; opening early from 8.30am on Monday to Friday and opening from 9am to 2pm on Saturday.

The practice displayed its opening hours in the premises, outside the premises, 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 and there was signage on the exterior of the practice advising of this. Patients had enough time during their appointment and did not feel rushed.

The staff took part in an emergency on-call arrangement with some other local practices.

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 within the past 12 months.

Are services responsive to people's needs? (for example, to feedback?)

These showed the practice responded to concerns in line with their policy and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated 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 If applicable

There was a clear vision and set of values.

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.

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. At the time of our inspection there were two practice managers as one was handing over responsibility to the other. 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 feedback and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice had placed colouring sheets and crayons in the waiting room as a result of patient feedback.

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 received between June 2018 and December 2018 showed that 100% of the respondents were extremely likely or likely to recommend this practice.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

Are services well-led?

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

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

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

At the time of our visit one staff member had not received their appraisal in line with the practice policy, we were advised this had been scheduled for February 2019. None of the other team members had been in post for 12 months or longer and therefore had not yet received their appraisals.

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.