Horsefair Dental Practice Ltd

Horsefair Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 27 June 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

Horsefair Dental Practice is in Rugeley, Staffordshire and provides private treatment to adults and children.

The practice is located on the first floor and as such does not provide level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes one dentist, two dental nurses, and one practice manager. The practice has two treatment rooms, only one of which is in use.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Horsefair Dental Practice was the practice manager.

On the day of inspection, we received comments from 15 patients.

During the inspection we spoke with the dentist, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Tuesday 9am to 5pm, Wednesday 9am to 1pm, phone lines only, open 1pm to 5pm, Thursday 9am to 6pm. The phone lines are open every Friday but the practice is not open to provide treatment to patients.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available but these were ordered on the day of inspection.
- The practice had systems to help them manage risk. Risk assessments seen were reviewed and updated on an annual basis.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had a detailed staff recruitment policy which would be implemented should any new staff be employed.
- 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had not received any complaints but had systems in place to deal with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They had systems in place to help them learn from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice had a detailed recruitment procedure.

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

Some items of equipment to be used in a medical emergency were not available, these were purchased on the day of our inspection. Staff had received training in basic life support.

Are services effective?

No action

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

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

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

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

Are services caring?

No action

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

We received feedback about the practice from 15 people. Patients were positive about all aspects of the service the practice provided. They told us staff were good natured, friendly and polite.

They said that they were given detailed, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Are services responsive to people's needs?

No action

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

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

Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services for those patients who called into the practice for an emergency appointment and face to face interpreter services for pre-booked appointments. The practice had some arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and had systems in place to respond to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

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

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

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

No action

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. These were reviewed and updated if necessary on an annual basis. The practice manager was the safeguarding lead and staff spoken with were aware who to speak with to obtain advice or discuss issues. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. The practice regularly checked the contact details for the authority responsible for investigation of safeguarding concerns to ensure they were up to date.

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

The practice had an underperformance and whistleblowing policy. This included the contact details of Public Concern at Work, a charity which supports staff who have concerns they want to report about their workplace. Staff told us they were a very small team who worked closely together. Staff said that they would speak out as needed and felt confident they could raise concerns without fear of recrimination.

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

The practice had a business continuity plan but this required updating. The plan recorded the name of the previous dentist and emergency contact details were not included. Following this inspection, we received a copy of the updated business continuity plan.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These did not show that the practice followed their recruitment procedure on all occasions. One recruitment file did not contain all evidence as required by Schedule three of the Health and Social Care Act. We were told that this staff member was employed prior to the registered manager taking over the practice. The recruitment policy had been implemented since that date. We saw that a disclosure and barring service check (DBS) had been obtained for all staff. A basic DBS check was available for the trainee dental nurse as the practice had been advised that this was all that was required as the nurse was a trainee. The practice manager confirmed that they would apply for an enhanced DBS check now that this nurse had qualified.

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.

Records showed that, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. There were no records to demonstrate that emergency lighting was checked regularly. The practice manager confirmed that this was checked as part of the weekly escape route check but agreed that this was not clearly documented. We were told that in future specific documentation would be completed to demonstrate that emergency lighting was checked. We saw records to demonstrate that a weekly fire door and escape route check took place. A fire risk assessment had been completed by an external company in May 2018.

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.

No action

Are services safe?

We saw evidence that the dentist, graded and reported on the radiographs they took. Patient dental records that we saw did not record justification for the x-rays taken. Following this inspection, we were sent a copy of a policy "justification of X-rays for everyday practice". We were told that this would be implemented immediately. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had a risk assessment file which contained copies of completed risk assessments. For example, a legionella risk assessment (completed in-house), practice risk assessment and risk assessment for a trainee dental nurse. 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. Details of the action to take following a sharps injury and the reporting procedure were available to staff.

We discussed the new European Union Regulations regarding the use and disposal of mercury, specifically relating to the use of dental amalgam. The dentist was unaware of this new regulation and confirmed that they would follow this up and obtain more information immediately.

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. We saw that the newly qualified staff member required a booster vaccination. The practice had developed a risk assessment for non-immunised and non-responders but had not completed this document for this member of staff. Following this inspection, we received a copy of a completed risk assessment as required.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The practice had not discussed sepsis management at a clinical meeting and there was no guidance for staff if sepsis was suspected. We were told that this information would be obtained immediately.

Not all the emergency equipment and medicines were available as described in recognised guidance. Oropharyngeal airways, a self-inflating bag with reservoir for a child and a spacer device were not available. These items were ordered during the inspection. We also saw that Glucagon was not stored in the fridge and had not had the expiry date amended accordingly. An order was placed for Glucagon on the day of inspection. This was due to be delivered the day following this inspection. Following this inspection, we received confirmation that all items had been received at the practice.

Staff kept records of their checks to make sure these within their expiry date, and in working order. We were told that logs would be amended to include the missing items.

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. All substances hazardous to health were stored safely.

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. These were reviewed, and updated if necessary, on an annual basis. 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.

No action

Are services safe?

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 was completed in May 2016 by an external company. No actions were required to be taken following this assessment. The practice had also completed an internal legionella risk assessment in November 2017. Records of water testing and dental unit water line management were in place. We were told that the practice was using chemicals in their water lines but were not completing dip slide tests. These are used to measure and observe microbial activity and provide assurance that legionella was not present. The practice manager confirmed that this would be addressed immediately and we were shown evidence to demonstrate that dip slides had been ordered. Following this inspection, we were sent evidence to demonstrate that dip slide tests had been completed and no issues were identified. We were told that these tests would be completed on a quarterly basis.

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 policy was reviewed in November 2017. We were shown a clinical waste acceptance audit which was completed in October 2017. We were shown clinical waste and noted that this was securely stored.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in June 2018 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 accurate, complete, and legible and 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

The practice 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 prescriptions securely. The dentists were aware of current guidance with regards to prescribing medicines. Antibiotics were dispensed appropriately according to guidance.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. A health and safety inspection had been carried out in April 2017. Evidence was available to demonstrate that issues for action had been addressed. The practice had systems in place to monitor and review incidents.

In the previous 12 months there had been no safety incidents. Staff had completed training regarding the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). We were told that there had been no issues to report under RIDDOR. Systems were in place to report under this legislation.

Lessons learned and improvements

The practice had systems in place to learn and make improvements when things went wrong.

The staff were aware of the Serious Incident Framework and had systems to record, respond to and discuss all incidents to reduce risk and support future learning in line with the framework.

No action

Are services safe?

There were some systems for reviewing and investigating when things went wrong. The practice did not have a written protocol to prevent a wrong tooth extraction. The practice was not aware of the local safety standards for invasive procedures as they were not an NHS practice. The dentist confirmed that they would review this on-line to gather more information.

There was a system for receiving and acting on safety alerts. These were received by the practice manger, shared with the dentist if relevant and discussed at staff meetings. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

No action

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

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 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 manager told us that they were trained in smoking

cessation and could give some advice but would refer patients to Stafford Hospital for this service. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

We were told that the dentist had visited a local primary school at the end of 2017 to give oral hygiene advice to the children.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and 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. Evidence of this was recorded in patient dental records. Patients were given written treatment plans to sign. 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. Staff were aware of Gillick competence, by which a child under the age of 16 years of age can 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. Patients were given written treatment plans to sign. Written aftercare instructions were given to patients following any treatment.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The last audit was completed in June 2018 and no actions were required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council and we saw copies of training certificates to evidence this.

Are services effective?

(for example, treatment is effective)

No action

Staff told us they discussed training needs at annual appraisals and during clinical supervision. The newly qualified dental nurse told us that they had recently requested to complete an impression taking course which was supported by the provider. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. We were provided with evidence to demonstrate that the provider had assured themselves that personal development plans were in place.

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 also had systems and processes 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 did not log or monitor referrals to make sure they were dealt with promptly. Following this inspection, we were sent a copy of a newly implemented referral log.

No action

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Staff were seen chatting to patients in a friendly, relaxed manner.

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

Patients commented positively that staff were polite, caring and attentive. We saw that staff treated patients with dignity and respect 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 had complete confidence in the dentist. We were told that nervous patients were put at ease.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Drinking water and magazines were provided for patients in the waiting room.

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. The radio was playing in the waiting area. This helped to promote privacy as discussions held at the reception desk were less likely to be overheard. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. The practice had access to telephone interpreter services for those patients who called into the practice for an emergency appointment and face to face interpreter services for pre-booked appointments
- Staff communicated with patients in a way that they could understand, for example, ds and easy read materials were available, information could be translated into braille.

The practice gave patients clear information to help them make informed choices. 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 for example, models, videos and X-ray images.

Are services responsive to people's needs?

No action

(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. We were told that dental phobic patients could have a tour of the practice and a meet and greet with staff before they had any treatment. Longer appointment times were given to anxious patients. There was a "no dental fear" booklet in the waiting room for patients to read. This gave information about relaxation techniques. The practice manager also told us that they had a stress toy for patients to squeeze whilst they were having any treatment. Notes on patients' dental care records alerted staff if the patient was anxious. This enabled staff to book longer appointments or book appointments at times when the practice was less busy.

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

The practice was located on the first floor and as such did not have step free access for patients with pushchairs or who use wheelchairs. The practice did not provide an accessible toilet with hand rails and a call bell. Staff said that they knew their patients well and were always available to help those patients who required support using the stairs.

The practice had some arrangements to help patients with sight or hearing loss. The practice manager was on the waiting list to complete a sign language course. Information could be translated into braille if required. We were told that there were no patients who were hearing impaired but the practice had ordered a hearing loop.

Staff told us that they made telephone calls to older patients or those who had lengthy treatments to follow up on their treatment.

Timely access to services

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

The practice displayed its opening hours in the premises, and included it in their practice 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. Staff said that they always tried to accommodate patients' needs. This may include asking patients with a dental emergency to attend the practice at lunchtime of the end of the day. 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.

Calls from patients when the practice was closed were transferred to the practice's mobile phone and triaged by a member of staff. Patients were either advised to attend the practice the next time it was open, given advice or referred to the NHS 111 out of hour's emergency service. When the practice was closed for longer periods of time during annual leave patients were given the telephone numbers of other local practices.

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 complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The General Dental Council's Standard five "principles of complaint handling" was available for staff to review.

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.

We were told that the practice had not received any verbal or written complaints since 2015 when the practice was taken over by the principal dentist. The practice manager described the action they would take if they received a complaint. This showed that the practice had procedures

Are services responsive to people's needs?

(for example, to feedback?)

No action

in place to respond to concerns appropriately. We were told that outcomes would be discussed with staff to share learning and improve the service. An annual complaint audit was completed.

No action

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care. Leaders 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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers had systems in place to manage performance inconsistent with the vision and values. We were told that they had not needed to manage any poor performance to date.

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

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff had completed training regarding the new General Data Protection Regulations (GDPR). The practice's privacy policy was available on their website. This recorded what information would be collected about patients, how it would be used, stored and who would have access to this information. Patients had recently been sent a copy of the GDRP policy and were requested to give consent for the practice to continue contacting them by phone, email, text or letter. Those who had responded could receive correspondence from the practice by their preferred method.

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 and verbal comments to obtain staff and patients' views about the service. Patients could complete a paper copy or on-line version of the survey. We looked at the results of the recent survey which was still ongoing. The results correlated to date were positive with 91% of patients being very satisfied with Horsefair Dental Practice.

The practice used other on-line media to inform patients about changes at the practice and to advertise any offers. Patients were able to contact the practice via their website and could leave feedback via this method if they preferred.

No action

Are services well-led?

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

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records (June 2018), radiographs (April 2018), oral cancer (June 2018), environmental cleaning (December 2017), health and safety (December 2017) and infection prevention and control (June 2018). They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager who was also the registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Formal staff meetings were held monthly and minutes of these meetings were available. Standing agenda items included complaints, incidents and accidents. We were told that informal meetings were also held daily between staff to discuss issues that required immediate action.

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 also received monthly clinical supervision.

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.