

Oakville Practice Limited

Oakville Dental Health Centre

Inspection Report

968 Bristol Road,
Selly Oak,
Birmingham,
West Midlands,
B29 6NB
Tel: 01214 722234
Website: www.oakvilledental.co.uk

Date of inspection visit: 5 June 2019
Date of publication: 04/07/2019

Overall summary

We carried out this announced inspection on 5 June 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

Oakville Dental Health Centre is in Selly Oak in the South West of Birmingham and provides NHS and private treatment to adults and children. The services are provided under two Care Quality Commission registered providers at this location. This report only relates to the provision of general dental care provided by Oakville Practice Limited. An additional report is available in respect of the general dental care services which are registered under Oakville Dental Partnership.

Summary of findings

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

The dental team includes nine dentists including a foundation dentist, six dental nurses, one dental hygienist, one receptionist and a practice manager. The practice has four treatment rooms, one of which is located on the ground floor to provide access for patients with limited mobility and wheelchair users.

The practice is owned by an organisation 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 Oakville Dental Health Centre is the principal dentist.

On the day of inspection, we collected 65 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, four dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8am to 5.30pm.

Tuesday from 7.30am to 5.30pm.

Wednesday from 7.30am to 5.30pm.

Thursday from 8am to 5.30pm.

Friday from 8am to 4pm.

Our key findings were:

- Effective leadership was provided by the principal dentist. Staff felt supported by the principal dentist and practice manager and were committed to providing a high-quality service to their patients.
- The practice appeared clean and well maintained. The provider had a refurbishment plan in place and had recently replaced a chair and flooring in one of the treatment rooms.
- 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. The provider did not provide a five-year fixed electrical wire test certificate. This was completed the day after our inspection and a copy of the certificate was sent to us within 48 hours of the inspection. The compressor servicing was last completed in April 2018 and had lapsed. We were advised that it had been scheduled for completion in July 2019.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures and a comprehensive induction programme.
- 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. Patients could access treatment and urgent and emergency care when required. The practice offered extended hours appointments opening early from 8am on Monday, Thursday and Friday; and opening from 7.30am on Tuesday and Wednesday.
- The provider had effective leadership and culture of continuous improvement. Training and development were at the forefront in this practice due to the principal dentist being a verified trainer who supported newly qualified foundation dentists.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

- Review the practice's systems for checking and monitoring premises maintenance taking into account

relevant guidance and ensure that all services are well maintained. In particular ensuring that five-year fixed electrical wire test and the compressor servicing are completed within relevant timeframes.

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. Safeguarding contact details were available in the policy file and on the notice board in the reception area.

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

Premises and equipment were clean and properly maintained. The compressor servicing had lapsed and we were not shown the five-year fixed wire test certificate at the time of our inspection. Remedial action to rectify these shortfalls was taken following our inspection.

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

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

The practice held NHS prescriptions, however we found that improvement was required in ensuring that they could be tracked, monitored and stored securely. During our inspection, the practice updated their processes to rectify this.

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

The practice was committed to supporting the local community and providing preventative oral hygiene advice. Staff members visited local schools where they demonstrated good toothbrushing techniques and delivered oral health education to the children.

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

Training and development was at the forefront in this practice due to the principal dentist being a verified trainer to support newly qualified foundation dentists. The principal dentist supported staff to complete training relevant to their roles and had systems to help them monitor this.

The staff were involved in quality improvement initiatives such as good practice as part of its approach in providing high quality care.

No action



Summary of findings

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 65 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very friendly, knowledgeable and reassuring. One patient advised that the team were caring and understanding of their needs when they were unable to attend appointments at short notice due to their mental health.

They said that they were given informative 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. One comment received said 'Amazing, really helpful and explain everything. Friendly with children who can find the dentist scary'.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The patient waiting room was separate to the reception area which enhanced patient privacy when speaking with staff in reception. Patients said staff treated them with dignity and respect.

We observed reception team members supporting patients in a cheerful, helpful and respectful manner. All patients were met in the waiting area and escorted to the treatment rooms.

No action



Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening early from 8am on Monday, Thursday and Friday; and opening from 7.30am on Tuesday and Wednesday.

The practice treated patients from diverse backgrounds and staff considered patients' different needs. The practice worked closely with an accommodation service for high risk offenders under the supervision of the probation service and facilitated appointment booking through a structured process to help reduce patient anxiety.

The practice provided facilities for patients with a disability and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss. Following completion of a recent disability audit the provider had ordered a hearing induction loop and had made plans to renovate the ground floor toilet to be fully wheelchair accessible.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints procedure in the reception area, on their website and in the patient information leaflet.

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

Inclusive and supportive leadership was provided by the principal dentist and the practice manager. Staff told us they felt confident to raise any concerns.

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 ethos was to create an ongoing partnership with their patients and encourage prevention rather than cure. The practice aimed to provide gentle dental care and to help patients to achieve and maintain good oral health for life. Comments received from patients showed that they were treated gently and professionally which supported this.

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. Staff we spoke with told us they enjoyed their work and were proud to work at the practice.

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. Safeguarding contact details were available in the policy file and on the notice board in the reception area. 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 had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice 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 supporting policy and mandatory reporting flowchart with support organisation contact details.

The practice had a whistleblowing policy however we noted that this did not include all external organisation details that staff could report concerns to. The policy was immediately updated to rectify this. Staff told us that they felt confident they could raise concerns without fear of reprimand.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at 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 and gas appliances. However, the compressor servicing had lapsed and we were not shown the five-year fixed wire test certificate at the time of our inspection. The five-year fixed wire test was scheduled for the day following our inspection and the certificate sent to us within 48 hours of the inspection. We were shown evidence that the compressor service had been scheduled in July 2019.

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. Fire drills were completed every six months and when a new staff member had joined the practice. This was last completed in May 2019 and showed that staff evacuated the building in line with the fire policy and procedure.

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 fitted with rectangular collimators which reduced the dose and scatter 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 manager and three dental nurses had completed post graduate qualifications in radiography.

Risks to patients

Are services safe?

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in the patient waiting room.

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 however this had not been updated since 2017.

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. Medical scenario training was completed at staff meetings to ensure staff were kept up to date and had the confidence to respond if a medical emergency occurred.

Emergency equipment and medicines were available as described in recognised guidance, except for the dispersible aspirin which was held in the 75mg dosage rather than the 300mg dosage recommended by published guidance. This item was immediately purchased and placed in the kit on the day of our inspection. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. A copy of the GDC Standards was displayed in the waiting room to ensure all patients knew what they should expect.

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

The practice occasionally used locum and 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in July 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 visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. The latest audit completed in May 2019 showed the practice scored 98% and was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (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.

Are services safe?

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 held NHS prescriptions; we found improvement was required in ensuring that they could be tracked and monitored. Following our inspection, the practice updated their processes to rectify this.

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

Track record on safety and Lessons learned and improvements

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 incident recorded. The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

The practice offered dental implants. These were placed by a visiting specialist 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, digital X-rays and dual screens to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The practice was accredited by the British Dental Association (BDA) and Denplan Excel good practice schemes. These quality assurance programmes demonstrate to patients an ongoing commitment that the practice was working towards 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. They routinely referred patients to their dental hygienist through a clear care pathway.

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

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

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

The practice was committed to supporting the local community and providing preventative oral hygiene advice. Staff members visited local schools where they demonstrated good toothbrushing techniques and delivered oral health education to the children.

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.

Are services effective?

(for example, treatment is effective)

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

A visiting specialist carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history; blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Training and development was at the forefront in this practice due to the principal dentist being a verified trainer to support newly qualified foundation dentists. Staff had the skills, knowledge and experience to carry out their

roles. The practice manager and several of the dental nurses had extended duties which included radiography and oral hygiene instruction to enhance patient support. At the time of our inspection the provider was supporting a dental nurse to complete qualifications in impression taking and fluoride application.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals 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 dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

The practice was a referral clinic for dental implant procedures and they monitored and ensured the dentists were aware of all incoming referrals daily.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very friendly, knowledgeable and reassuring. One patient advised that the team were caring and understanding of their needs when they were unable to attend appointments at short notice due to their mental health.

Comments we viewed from patients were consistently positive and included 'in so far as you can ever look forward to going to the dentist, I do for the quality of treatment and personal attention I regularly receive at Oakville', 'the service I receive at this practice is superb, staff and dentists are kind and considerate at all times' and 'the team are lovely and well-led, the dentists provide excellent patient care'.

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. Patients could choose whether they saw a male or female dentist. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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

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

Involving people in decisions about care and treatment

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

- Interpretation services were available for patients who did not speak or understand English. 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 photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

The practice manager shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, homeless people and patients living with dementia. Longer appointments would be scheduled at the end or beginning of a session for any patients that were particularly anxious.

The practice worked closely with an accommodation service for high risk offenders under the supervision of the probation service. There were structured processes in place to assess these patients needs to facilitate care and ensure their needs were met.

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. For example, one patient preferred to wait in their car and be notified by the reception team when the dentist was ready to see them. We were told that the reception team supported patients who could not read or write to complete paper in a private room.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, large print documents, reading glasses and a ground floor toilet with hand rails.

A disability access audit had been completed and an action plan formulated to continually improve access for patients. The provider had ordered a hearing induction loop and had made plans to renovate the ground floor toilet to be fully wheelchair accessible.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment, the patient was invited to wait in the staff room. The team kept this in mind and flagged this on the patients care records to make sure the dentist could see them as soon as possible after they arrived.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice. All patients who had opted to receive text message or email appointment reminders were sent these prior to their appointments. Patients that had not disclosed an email or mobile phone number were sent an appointment reminder letter by post. One patient commented 'Excellent care and service. Reminder messages are really useful'.

Timely access to services

Patients could 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 information leaflet and on their website. The practice offered extended hours appointments opening early from 8am on Monday, Thursday and Friday; and opening from 7.30am on Tuesday and Wednesday.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice dentists provided an emergency on-call service for private patients seen at the practice and signposted NHS patients to NHS 111 out of hours' service.

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

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

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 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 looked at comments, compliments and complaints the practice received over the past three years as no complaints had been received in 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

The principal dentist also had another practice in the local area. Staff communicated and supported one another across both practices. All the staff we met said that they were happy in their work and the practice was a good place to work.

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist 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.

The practice ethos was to create an ongoing partnership with their patients and encourage prevention rather than cure. The practice aimed to provide gentle dental care and to help patients to achieve and maintain good oral health for life. Comments received from patients supported that they were treated gently and professionally which supported this.

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 diverse needs of patients.

We saw the provider had processes available to take effective action to deal with poor performance if required.

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. Staff we spoke with advised that they had confidence that these would be addressed.

Governance and management

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

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

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys, a suggestions box, a comments book and verbal comments to obtain patients' views about the service. Results and analysis of patient feedback was displayed in the waiting room for patients to

Are services well-led?

read. We saw examples of suggestions from patients the practice had acted on. For example, the selection of magazines was filtered and replaced monthly to provide a wider variety of reading material for patients.

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.

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, 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.

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

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