Bupa Dental Services Limited

Clayton Dental Centre

Inspection Report

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Date of inspection visit: 4 December 2018
Date of publication: 10/01/2019

Overall summary

We carried out this announced inspection on 4 December 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

Clayton Dental Practice is in Newcastle Under Lyme, Staffordshire and provides private treatment to adults and children.

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

Summary of findings

The dental team includes four dentists, one oral surgeon, one clinical dental technician, seven dental nurses, two of whom also cover reception duties, two dental hygienists, one receptionist and a practice manager. The practice has four treatment rooms.

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 Clayton dental practice is the practice manager. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we received feedback from 27 patients.

During the inspection we spoke with two dentists, three dental nurses, one dental hygienist, one receptionist and the practice manager. One of the organisation's clinical service leads and an area compliance lead were also present to provide support during this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm and Saturday from 9am to 1pm.

Our key findings were:

- The practice appeared clean and patients we spoke with confirmed that this was always the case. We noted that areas by worktops in two treatment rooms required re-sealing which would help maintain infection prevention and control standards.
- 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. These were stored in a room which also housed the practice's boiler. The room was hot on the day of inspection. Staff were not checking the temperature of this room to ensure medicines were stored at the correct temperature.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and 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. Patients could book appointments on-line via the practice website.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. Staff said that they were proud to work at the practice.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular by following instructions in the legionella risk assessment.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Summary of findings

- Review the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular dental chairs were overdue for service, there was no evidence that the vacuum autoclave had been maintained or serviced recently.

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. Incidents and accidents were discussed at practice meetings and they used learning from these 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. Systems were in place to monitor staff training to ensure they completed all mandatory training.

Premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Some issues were identified with sealing around the edges of work surfaces in two treatment rooms. Work was already planned to be completed in these rooms to make good any deficiencies. Dip slide tests had been recently completed on dental water lines in each treatment room. These are used to monitor bacteria and microbial activity within a water system. The results had identified an increased risk. The practice had ordered chemicals and were taking corrective action.

The practice had suitable arrangements for dealing with medical and other emergencies. Medical emergency equipment and medicines were stored in a room which felt hot. Staff were not monitoring the temperature of this room.

Are services effective?

No action

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, first class and excellent. The dentists discussed treatment with patients so they could give informed consent, not all the patient dental care records that we saw showed evidence that treatment options were discussed with patients.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Patients were referred to NHS services using an on-line system.

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

Summary of findings

They said that they were given detailed, helpful and very thorough 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 took account of patients' needs. Patients could get an appointment quickly if in pain. Patients could book appointments on-line via the practice website.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services. Staff were aware of patient's individual communication needs and felt that these were met. The practice did not have a hearing loop but currently staff felt that this was not required.

The practice took patients views seriously. They valued compliments from patients and responded 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 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.

No action

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. The practice manager was the safeguarding lead. Staff spoken with said that any safeguarding concerns would be reported to the practice manager. All safeguarding concerns would then be reported to a clinical services lead employed by the company who would be able to provide support to staff if required. A safeguarding flow chart was available in each treatment room. This gave staff easy access to information about how to report concerns. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect. Staff were able to discuss a safeguarding referral and the procedure followed including notification to the CQC. Relevant documentation was in place to evidence action taken.

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 had a speak up (whistleblowing) policy. This recorded both internal and external contacts to enable staff to report poor practice. Staff felt confident they could raise concerns without fear of recrimination.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. A copy of this was held at the company's head office who would make all necessary telephone calls and arrangements in case of business interruption.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure. Standardised documentation was used during the recruitment procedure. Staff from the company's human resources department, in conjunction with the practice manager, were involved in the recruitment of staff.

The practice had a contract with an agency who provided temporary dental nurses to the practice to cover staff shortages. The agency had sent an agreement to the practice to confirm that they would complete all necessary checks on staff before they worked at the practice. For example, training, qualifications and disclosure and barring service checks.

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. A list of equipment with the dates of service was available. We noted that some items such as dental chairs were overdue for service. We were told that servicing was being arranged.

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. A fire risk assessment had recently been completed and there were some issues for action identified. The practice manager was aware of the actions to be taken and confirmed that they were in discussion with their facilities department regarding this. The risk assessment recorded various deadline dates in 2019.

Some staff at the practice had completed fire marshal training and other staff had completed fire awareness training. Fire drills were undertaken on a regular basis and detailed records kept demonstrating this.

A clinical lead undertook desk top audits to ensure that fire safety records were up to date.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The practice had acted quickly to ensure repairs were completed on the panoral x-ray

Are services safe?

machinery. This had become inoperable the day prior to this inspection. The practice used x-rays fitted with rectangular collimators to reduce the amount of radiation a patient was exposed to during dental intraoral x-ray procedures.

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.

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. Risk assessments completed by the practice included manual handling, waste disposal, lone working, slips, trips and falls and radiography. A monthly health and safety monitoring check was completed by the practice manager. 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, this did not include details of all sharp instruments in use at the practice. The practice used safety sharps. The practice's sharps policy recorded information about all sharps in use at the practice.

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. The next training was booked for January 2019. Medical emergency scenarios were occasionally completed at practice meetings. The minutes of the meetings for 25 April, 6 September and 7 November 2018 recorded that scenario training was completed.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Discussions were held regarding the area used to store emergency medicines as this room was hot and housed the practice's gas boiler.

A dental nurse worked with the dentists and the dental hygienists 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. At the time of our visit these were being updated into a new paper format.

The practice used locum and/or agency staff. A dental nurse from an agency was working at the practice on the day of inspection. Agency staff were shown the location of emergency equipment and medicines and fire procedures were discussed. There was no documented induction to ensure that they were familiar with the practice's procedures.

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

The practice had suitable arrangements for transporting, sterilising and storing instruments in line with HTM 01-05. A member of agency staff demonstrated the decontamination process, we identified some minor issues regarding cleaning and checking. These were discussed with the practice manager who confirmed that a discussion would be held with the agency staff member to ensure that correct procedures were followed.

Records showed that the vacuum autoclave used by staff for sterilising instruments was not in working order. We were told that this had been serviced within the last few weeks but staff were unable to provide evidence of this. We saw evidence to demonstrate that all other equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

No action

Are services safe?

We discussed the availability of dental instruments with staff and looked in treatment rooms. We found that there appeared to be a low number of regularly used instruments such as basic periodontal examination probes.

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. A legionella risk assessment had taken place in January 2018. Not all staff were working in accordance with the waterline procedure as recorded in the risk assessment. Recent dip slide tests undertaken showed that all water lines had failed. Appropriate chemicals had been ordered and these were delivered on the day of inspection. A "shock dose" of the chemicals was to be used and dip slide tests completed again.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual. Areas around cupboards/ work surfaces in two treatment rooms required re-sealing as sealant was coming away and gaps were noted. This would make it difficult to provide effective infection prevention and control in these areas. The practice manager confirmed that discussions had already taken place with the facilities department and work was scheduled to address this issue.

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

The practice carried out infection prevention and control audits twice a year. The latest audit completed in July 2018 showed the practice was meeting the required standards.

We discussed sepsis management and saw that a poster was on display in the staff area regarding this. Sepsis management had not been discussed at a clinical meeting. There was no system in place to enable assessment of patients with presumed sepsis in line with National institute of Health and Care Excellence guidance.

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.

Safe and appropriate use 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 dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

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 no safety incidents. Significant events were recorded such as a patient fall and staff sharps injuries. These were recorded online and forwarded to head office for review. An investigation and root cause analysis was completed. Evidence was available to demonstrate action taken and discussion with the rest of the dental practice team to prevent such occurrences happening again in the future. There was scope to include a wider range of incidents and complaints as significant events to ensure any training needs were identified and to prevent such occurrences happening again in the future.

No action

Are services safe?

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. For example, there had been a change in practice regarding disposal of sharps.

There was a system for receiving and acting on safety alerts. Separate folders were kept on the computer system one for alerts that were not applicable and alerts that had been acted upon. We saw that relevant alerts were shared with the team. The practice learned from external safety events as well as patient and medicine safety alerts.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. We were not shown evidence to demonstrate that implant training had been completed by the dental nurse who assisted with this process. The practice manager confirmed that they would be booked onto the next available course.

The practice had access to intra-oral and extra oral cameras 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 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 dentists 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 available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals 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.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. The dentists told us that they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Not all the dental care records that we saw demonstrated that treatment options had been given to patients.

Not all the staff had completed training regarding the Mental Capacity Act 2005. There was scope for some of the nurses to receive more in-depth knowledge of the Act. Staff were aware of the need to consider Gillick competence when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' past treatment and medical histories. Some, but not all of the records that we saw recorded risk assessments regarding, for example, caries, oral cancer or tooth wear. Treatment options were not always recorded on dental care records. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

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

No action

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured programme. Training handbooks and mandatory training was completed as part of the induction process. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at goal setting meetings which were held at the beginning of the year. An end of year review was held in December and informal supervision meetings were held as needed with staff. We saw evidence of completed goal setting meetings and reviews and how the practice addressed the training requirements of staff. Clinical appraisal for dentists was completed by a clinical lead employed by the company. This involved review of patient notes and observation of practice as well as discussions with dentists.

Systems were in place to monitor staff training. Email reminders were sent to staff when training was due, the practice manager also received an alert so that they could also remind staff when training was due.

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 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 electronically to make sure they were dealt with promptly.

No action

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 understanding, patient and helpful. We saw that staff treated patients kindly and were respectful and friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and many told us that they would highly recommend the practice. 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. Reception staff had completed customer care training and staff felt that they had a good relationship with patients.

Automated email and text reminders of appointments were sent to patients and following any treatment, reception staff made follow up calls courtesy calls to patients.

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. Telephones were in an office at the back of the reception. A member of staff covered the reception with a separate staff member answering the phone. This meant that patients at the reception would not be kept waiting whilst the phone was answered and would not be able to overhear phone calls.

If a patient asked for more privacy they would take them into another room. There was a consultation room where private discussions could be held. Patients who were anxious about visiting the dentist could use this as a waiting room if they preferred. 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 requirements under the Equality Act. Discussions were planned regarding the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- A communication from head office informed the practice that magnifying glasses, signature guides and easy grips pens were to be made available in the near future.
- Interpretation services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand, for example lip reading. Information could be made available in large print if needed.

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. Reception staff said that they checked with patients to ensure that they understood treatment discussed. Patients would be referred back to the dentist if they did not understand anything discussed with them.

The practice's website 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 photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras 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.

No action

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 who were dental phobic could visit the practice, have a look around and meet staff before making an appointment to see the dentist. Patients could come for a cup of tea and a chat. Longer appointment times were given to those who were anxious, this enabled the dentist to discuss everything in detail and for the patient to have a break in their treatment if needed. Music was played in treatment rooms and some patients listened to music through ear phones whilst having treatment to help them relax.

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 instance, giving longer appointment times, for patients who were dental phobic and making appointments for them at less busy times of the day.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell.

The practice sent reminders to patients of their appointments. Patients told us that these were invaluable.

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 and on their website. The practice offered extended hours appointments on a Thursday until 6pm and on a Saturday between 9am and 1pm.

The practice had an efficient appointment system to respond to patients' needs. Patients could book appointments on-line via the practice website. 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 practices' website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients were signposted to the NHS 111 service. 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 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 had a system in place to monitor complaints for any trends. Head office had an oversight of complaints to enable support to be provided to staff if required. Complaints were discussed with staff so that learning from them could be shared across the staff team.

The practice had a policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was on display on the patient information noticeboard in the waiting area.

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 last 12 months. Details were kept of any phone calls, meetings, email or written correspondence with the patient.

No action

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager had overall responsibility for the management of the practice, support was provided by head office. For example, on the day of inspection a compliance lead and clinical service lead were in attendance. The practice manager said that head office had a general oversight and a weekly email was sent with practice information.

Staff told us that the practice manager and dentists were approachable and helpful. Staff worked well as a team and enjoyed their jobs. Staff said that they worked hard, had a good relationship with patients and were proud to work at the practice. We found leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. The practice manager had an open and honest approach. Staff were invited to regular practice meetings and able to raise items for discussion. Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

The practice focused on the needs of patients. Staff said that they were hardworking, caring and prided themselves on their good relationship with patients and excellent working relationship as a staff team.

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. Duty of Candour information was available to staff on the computer desktop. A poster displaying the General Dental Councils' nine principles to be followed was also on display, informing patients of the standards of treatment they could expect.

Governance and management

There were clear and effective processes for managing risks, issues and performance. Staff were knowledgeable about systems in place. The provider had a system of clinical governance which included policies, protocols and procedures that were accessible to all members of staff in paper format and on the practice's computer desk tops. These were reviewed on a regular basis. Staff had signed to confirm that they had read and understood policy documents. Policies, risk assessments and other issues were discussed regularly with staff during practice meetings.

There were clear responsibilities, roles and systems of accountability to support good governance and management. The practice manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service.

Staff knew the management arrangements and their roles and responsibilities.

Appropriate and accurate information

The practice acted on appropriate and accurate information. Computer records were password protected and staff records were securely stored.

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

A new system was being introduced at the practice to gather feedback about services provided. At the time of inspection, no surveys had been sent out, and therefore no feedback available. Previously emails had been sent to patients following any appointment. Patients could email the practice via the website.

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

Continuous improvement and innovation

No action

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 practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses had annual appraisals. They discussed learning needs and aims for future professional development. Staff told us that they could speak out at appraisal meetings and raise any issues or concerns if they had any. Staff felt that these were listened to and acted upon. 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.