

## Abbey House Dental Practice Limited

# Abbey House Dental Practice

## Inspection Report

9 Abbey Street  
Stone  
Staffordshire  
ST15 8PA

Tel: 01785 818037

Website: [www.abbeyhousedental.com](http://www.abbeyhousedental.com)

Date of inspection visit: 20 February 2019

Date of publication: 26/03/2019

### Overall summary

We carried out this announced inspection on 20 February 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**

Abbey House Dental Practice is in Stone and provides NHS and private treatment to adults and children.

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

The dental team includes seven dentists, three visiting specialist dentists, a clinical dental technician, three dental nurses, three trainee dental nurses, one dental hygiene therapist, three receptionists and two managers. The practice has four treatment rooms.

# 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 Abbey House Dental Practice is the principal dentist.

On the day of inspection, we collected 43 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists, one dental nurse, one trainee dental nurse and the two managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9am to 7.30pm.

Tuesday from 9am to 5.30pm.

Wednesday from 7.30am to 7pm.

Thursday from 9am to 5.30pm.

Friday from 9am to 5.30pm.

Saturday by appointment only.

## Our key findings were:

- Strong and effective leadership was provided by the principal dentists and an empowered management team. Staff felt involved and supported and informed us this was a good place to work.
- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. The practice held safety data sheets for all products, but had not completed risk assessments in accordance with their control of substances hazardous to health policy.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details and flow charts were displayed throughout the practice.

- The provider had thorough staff recruitment procedures.
- The principal dentists had implemented a pay scale chart which rewarded enhanced development with a structured pay increase and time served at the practice with additional holiday entitlement.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The provider renovated this premises in 2012 to expand and accommodate specialist services such as endodontics, dental implants, orthodontics and sedation. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.
- 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. They routinely referred patients to their dental hygiene therapist through a clear care pathway.
- The appointment system took account of patients' needs. The practice offered extended opening hours, opening late on Monday and Wednesday, opening early on Wednesday and opening on Saturday.
- The provider had effective leadership and a supportive culture of continuous improvement. The dental nurses had been supported to complete enhanced dental nursing qualifications in radiography, oral health education, topical fluoride application, impression taking, scanning, sedation nursing and implant nursing.
- The provider asked staff and patients for feedback about the services they provided. Feedback was analysed, shared with the team and improvements made were displayed in the waiting room patients to read.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements. However, the closed-circuit television cameras protocols did not fully reflect published guidelines.

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

# Summary of findings

- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all products.
- 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 ensuring the air conditioning unit is serviced annually in accordance with manufacturers guidance.
- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

# 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 flowcharts containing relevant local authority safeguarding contact details were on display throughout the practice.

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

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

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

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

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 superb, very thorough and given with detailed explanation. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

They supported a diverse range of local community groups by providing preventive oral hygiene advice. The team visited local schools and nurseries to raise oral health education awareness. Dental samples such as toothpaste were given to local housing support offices.

The provider renovated this premises in 2012 to expand and accommodate specialist services such as endodontics, dental implants and sedation. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. The dental nurses had been supported and funded to complete enhanced dental nursing qualifications in radiography, oral health education, topical fluoride application, impression taking, scanning, sedation nursing and implant nursing.

No action



# Summary of findings

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

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions. We saw examples of positive teamwork within the practice.

## 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 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very friendly, professional and first class. Several patients advised that due to being nervous they had not visited a dentist for many years, however having been seen at Abbey House dental practice they received exceptional care and now attended regularly.

They said that they were given detailed explanations about dental treatment and said their dentist listened to them. Patients told us that the dentists were gentle, understanding of their needs and reassuring.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect and they would highly recommend this practice.

The practice was piloting a back reception office where all telephone calls were diverted to so that they could be dealt with privately. This in turn allowed the receptionist on the front desk to focus solely on patients attending the practice.

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

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. The practice offered extended opening hours opening late on Monday and Wednesday, opening early on Wednesday and opening on Saturday. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. Renovations included access enhancements such as a ground floor treatment room, a wheelchair accessible toilet and a recovery/privacy room. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

No action



# Summary of findings

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Feedback was discussed during daily huddles and all team members were tasked with asking at least one patient for feedback every day.

## Are services well-led?

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

Strong and effective leadership was provided by the principal dentists and an empowered management team. Staff felt involved and supported and informed us this was a good place to work.

The provider continually 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 surveys were completed as part of the appraisal process to seek feedback and drive improvement.

The principal dentist had implemented a pay scale chart which rewarded enhanced development with a structured pay increase and time served at the practice with additional holiday entitlement.

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. At the time of our visit the provider had further plans to expand the facilities and services provided to their patients.

Communication was important to the provider and they held various platforms for sharing information with team members including, daily huddles, monthly practice meetings, management meetings and clinician meetings.

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

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. Safeguarding flowcharts containing relevant local authority safeguarding contact details were on display throughout the practice. 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 had a whistleblowing policy, which included contact details for Public Concern at Work, a charity which supports staff who have concerns they want to report about their workplace. Staff 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 documented in the dental care record and a risk assessment completed.

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 six 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, one of the air conditioning units which had been installed in 2017 had not been serviced on an annual basis, we were informed that this would be rectified.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice used digital X-rays fitted with rectangular collimators which reduced the dose of radiation.

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

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

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

### **Risks to patients**

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

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

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. There was scope for this to be completed in greater detail to include all sharps used in 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.



# Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support with airway management every year. In addition to this medical emergency scenario training was completed in house every month to ensure staff were kept up to date.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

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

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

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 completed in October 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 February 2019 achieved a score of 100% which showed that the practice was meeting the required standards.

## **Information to deliver safe care and treatment**

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

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

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

## **Safe and appropriate use of medicines**

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed any type of incident where improvement could be made. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.



## Are services safe?

In the previous 12 months there had been four safety incidents and 24 minor incidents recorded. The incidents were 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 practice offered dental implants. These were placed by the principal dentist and two of the associate 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.

The provider renovated this premises in 2012 to expand and accommodate specialist services such as endodontics, dental implants and sedation. This enabled patients to receive more advanced treatments in surroundings they were familiar with and reduced waiting times for these complex treatments. The renovation included an extension to the premises, two additional treatment rooms, a recovery room, an accessible patient toilet and a refurbishment of the reception and waiting area.

The practice had access to an intra-oral scanner, intra-oral cameras, digital X-rays, clini-pads and a cone beam computed tomography X-ray to enhance the delivery of care. A visiting dentist had an interest in endodontics, (root canal treatment). The dentist used a specialised operating microscope to assist with carrying out root canal treatment. The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

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

They supported a diverse range of local community groups by providing preventive oral hygiene advice. The team visited local schools and nurseries to raise oral health education awareness. Dental samples such as toothpaste were given to local housing support offices.

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. Dedicated displays highlighting national oral health campaigns were placed in the waiting room to raise awareness.

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. Treatment care co-ordinators discussed treatments with patients and used videos and diagrams to help patients understand complex treatments. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

# Are services effective?

## (for example, treatment is effective)

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

### **Monitoring care and treatment**

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

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

The practice 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 records also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used.

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**

Staff had the skills, knowledge and experience to carry out their roles. The dental nurses had been supported and funded to complete enhanced dental nursing qualifications in radiography, oral health education, topical fluoride application, impression taking, scanning, sedation nursing and implant nursing.

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, one to one meetings and during clinical supervision. 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 implants and procedures under sedation. 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, professional and first class. Several patients advised that due to being nervous they had not visited a dentist for many years, however having been seen at Abbey House dental practice they received exceptional care and now attended regularly.

They said that they were given detailed explanations about dental treatment and said their dentist listened to them. Patients told us that the dentists were gentle, understanding of their needs and reassuring. 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. There was an information screen in the waiting room which displayed different types of dental procedures.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into the recovery room.

The practice was piloting a back reception office where all telephone calls were diverted to so that they could be dealt with privately. This in turn allowed the receptionist on the front desk to focus solely on patients attending the practice.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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

### Involving people in decisions about care and treatment

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

- Interpretation services were available for patients who did not understand or speak 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.
- Treatment care co-ordinators discussed treatment options with patients to ensure they fully understood what the treatment would involve.
- Videos and diagrams were used to help patients understand different treatment options, video links were emailed to patients so they could look at them outside of the practice.

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.

## Are services caring?

The dentists described to us the methods they used to help patients understand treatment options discussed. This included 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.

# 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 manager shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, patients living with dementia and patients living with long-term conditions.

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. A decorative skylight had been placed above the chair in one of the treatment rooms to help relax nervous patients. The team discussed any patients that they needed to make adjustments for at the morning huddles to ensure their needs were met on the day.

Since 2012 the provider had made significant adjustments for patients with disabilities. This included step free access, a hearing loop, a ground floor treatment room, a low-level area of the reception desk, a magnifying glass and an accessible toilet with hand rails and a call bell. The practice used clini-pads to complete forms and medical histories which enabled patients to zoom in and enlarge print. Contrasting door frames and door handles had been implemented to help patients with visual impairments and patients living with dementia.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The patient was invited to wait in the recovery room rather than the waiting room.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

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

offered extended opening hours opening late until 7.30pm on Monday and until 7pm on Wednesday. The practice opened early from 7.30am on Wednesday and opened on Saturday by appointment only.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. The principal dentist had devised a traffic light triage system to support the reception team scheduling urgent appointments. 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 staff took part in an emergency on-call arrangement with the NHS 111 out of hour's service. In addition to this the practice were piloting an on-call arrangement covered by dentists working at the practice.

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

### Listening and learning from concerns and complaints

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

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

The principal dentist was responsible for dealing with these. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

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

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Leadership capacity and capability

Strong and effective leadership was provided by the principal dentists and an empowered management team. Staff felt involved and supported and informed us this was a good place to work.

We found leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentist 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. The principal dentist had made significant improvements since taking over ownership of the practice in 2011. At the time of our visit the principal dentist had purchased property across the road from the practice to enable them to further expand and enhance services offered to their patients.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. An organisational structure had been developed to ensure that staff were aware of the delegated leads within the practice.

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 which all staff members were given a copy of. The practice values centred around 'Our why' and detailed the practice philosophy, how the provider aimed to support and develop their team and what the team strived to achieve for the patients. The practice aimed to provide patients with the highest level of care and treatment to help them feel at ease with dentistry.

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

### Culture

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

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

The practice focused on the needs of patients.

We saw the provider took effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

The practice held daily team huddles and monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### 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

# Are services well-led?

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

The practice used patient surveys, comment cards, verbal comments and online reviews to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on as these were displayed in the waiting room. For example, a clock had been put in reception, patient Wi-Fi had been installed and magazines had been updated.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results from 66 respondents in January 2019 showed that 95% of patients would recommend this practice to family and friends. Comments received were positive and included 'friendly practice with good staff and dentists', 'absolutely love this dental practice – only ever super satisfied' and 'very gentle and understanding'.

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. They had implemented a pay scale chart which rewarded enhanced development with a structured pay increase and time served at the practice with additional holiday entitlement.

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.