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Claregate Dental Practice

Inspection Report

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Date of inspection visit: 17 June 2019
Date of publication: 22/07/2019

Overall summary

We carried out this announced inspection on 17 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

Claregate Dental practice is in Tettenhall, Wolverhampton 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 near the practice.

The dental team includes one dentist, five dental nurses who also work on reception, one dental hygienist, one dental hygiene therapist and a cleaner. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we obtained feedback from 47 patients.

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

The practice is open: Monday to Thursday 9am to 1pm and 2pm to 5.30pm and on Friday 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Two sizes of oropharyngeal airways were missing from the medical emergency kit, these were purchased immediately following this inspection.
- 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. Patients complemented staff saying they were excellent, attentive and professional.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients said that reception staff were friendly and welcoming.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. Staff said that they enjoyed working at the practice.
- 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.

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 had systems in place to use information from incidents and complaints to help them improve.

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

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

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

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

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

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

No action



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 47 people. Patients were positive about all aspects of the service the practice provided. They told us staff were attentive, dedicated, caring and kind.

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

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

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. We observed staff offering patients a variety of appointment dates and times to try and meet their needs.

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 and had arrangements to help patients with hearing loss.

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

Are services well-led?

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. Policies had been reviewed on an annual basis and all staff had signed documentation to confirm they had read these policies. The principal dentist was the named safeguarding champion. Staff confirmed they would speak with the principal dentist if they had any safeguarding concerns. Various other documentation regarding safeguarding vulnerable adults and children was available for staff. We saw evidence that staff received safeguarding training to an appropriate level within the last three years. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Contact details for the organisations responsible for the investigation of suspected abuse were easily accessible to staff. These were reviewed regularly to ensure they were up to date.

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. Information regarding modern day slavery was available in the policy folder, staff had signed to confirm that they had read the information. Female genital mutilation and modern-day slavery had been discussed at a practice meeting in May 2019.

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

details were available for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. These were reviewed regularly to ensure they were up to date.

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. Contact details were available for a local practice that patients could attend if Claregate Dental practice was closed due to an emergency.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure. Criminal records checks were carried out as appropriate.

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. Evidence was available to demonstrate that a five-year fixed wire test would be completed at the practice on 6 September 2019. A gas safety certificate was available dated 2 May 2019. Portable electrical appliances had been tested in September 2018. Annual visual checks were last completed in July 2017.

Records showed that fire detection equipment, such as emergency lighting, was tested monthly by staff. We were told that smoke detectors were also tested at this time. The log seen did not clearly record this. The principal dentist confirmed that the log would be amended immediately to demonstrate all the tests undertaken. Following this inspection, we were sent a copy of an amended log which also recorded checks made on smoke detectors.

Records were available to demonstrate that firefighting equipment, such as fire extinguishers, were regularly

Are services safe?

serviced. There were no records to demonstrate that emergency lighting had been serviced. We were told that this was installed in June 2015 and a service would be arranged. All staff had completed fire safety training. Fire drills were completed annually.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

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

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. We looked at risk assessments regarding fire, sharps, legionella and a practice risk assessment. The principal dentist completed the fire risk assessment in June 2018. Other risk assessments available included pregnant and nursing mothers, latex and a physical security risk assessment. The practice had current employer's liability insurance dated November 2018 which was on display in the 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. In safe sharps were available for use, aim safe devices were also available for use with traditional syringe holders. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

recorded the date of last training as November 2018. A newly employed staff member had undertaken this training in May 2019. Scenario training was included in the annual training completed.

Emergency medicines and most equipment were available as described in recognised guidance. Two sizes of oropharyngeal airways were not available. The principal dentist confirmed that these would be ordered immediately. Following this inspection, we were sent evidence to demonstrate that these had been ordered. Staff kept records of their checks of emergency medicines and equipment to make sure these were available, within their expiry date, and in working order.

Sepsis management had been discussed at a practice meeting. Posters were on display regarding the signs and symptoms of Sepsis.

A dental nurse worked with the dentist, dental therapist and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. A lone worker policy was available. We were told that staff always work with chairside support provided by a dental nurse.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Risk assessments were not available for each product in use. Generic risk assessments were available for the type of product. Product safety data sheets were available but kept separately. The current structure of control of substances hazardous to health information meant that it may not be easy for staff to access required information quickly. Following this inspection, we were sent evidence to demonstrate that product safety data sheets were now kept in the control of substances hazardous to health folder making it easier for staff to find the required information.

Improvements were required to signage throughout the practice. For example, there was no signage regarding oxygen cylinders and no signs on areas with restricted patient access such as the decontamination room and staff toilet. Following this inspection, we were sent evidence to demonstrate that signs had been put in place.

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

Are services safe?

infection prevention and control training and received updates as required. The principal dentist held the lead role regarding infection prevention and control. Staff were aware of whom they should talk with if they had any queries or concerns. We looked in dental treatment rooms and saw that certain items such as cotton wool rolls and local anaesthetic cartridges were not stored appropriately in one treatment room. Following this inspection, we were sent evidence to demonstrate that these were now correctly stored.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. Containers marked with different colours identified whether they were to be used to transport clean or dirty instruments. 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. Risk assessments had been carried out by an external company on a regular basis, with the most recent on 7 June 2019. We were told that one issue identified was to be addressed when refurbishment work took place at the practice. 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 showed the practice was meeting the required standards. We saw audits dated October 2018 and April 2019. The practice had achieved a score of 99% in the last audit.

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 systems for appropriate and safe handling of medicines.

The practice dispensed antibiotics but were not keeping a running total of the amount of antibiotics available on the premises. There was a stock control system of other medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. Following this inspection, we were sent a copy of an updated log which recorded the amount of antibiotics on the premises at all times.

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 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. An incident policy was in place which gave staff information regarding incidents, near events, near misses, reporting of injuries, diseases and dangerous occurrences (RIDDOR) and accidents. Systems were in place for reporting significant events and information had been recorded regarding any events at the practice.

Are services safe?

The practice had systems for reviewing and investigating when things went wrong, including learning, sharing lessons and identifying themes 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 a dentist at the practice who had undergone appropriate post-graduate training in this speciality.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality 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 dentist and 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 dentist and 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. The dentist told us that they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patient dental care records we saw demonstrated this. Written treatment plans with costs were given to all patients. Information leaflets could be given to patients to help them make informed decisions about any treatments considered. Consent forms were given to patients who required more complex treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Staff showed a thorough understanding of the Mental Capacity Act and Gillick competence guidelines, and how it might impact on treatment decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Some of the clinical staff had completed training regarding the Mental Capacity Act.

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 dentists/clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice had a training policy which gave information to staff on the essential training to be completed and other training which could be requested by staff. Staff spoken with said that they were encouraged to complete training.

Staff new to the practice had a period of induction based on a structured programme. The practice had developed an induction policy which was last reviewed in December 2018. The induction checklist seen had not been signed by the inductor or the inductee. A separate induction folder available recorded details of the essential training to be

Are services effective?

(for example, treatment is effective)

completed and background information for staff regarding in-house training to be completed. 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.

The practice had not used agency or locum staff. Staff employed at the practice covered shifts at times of annual leave or short notice sick leave. Procedures in place helped to ensure that a sufficient number of staff were on duty each day to provide support to the dentist, hygienist and hygiene therapist. Reception staff were also qualified dental nurses and could provide support if required.

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 using an online referral system which enabled them to check the status of any referral to an NHS service they had made.

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. Some staff had completed equality and diversity training. The principal dentist confirmed that support would be given to other staff to complete this training. Patients commented positively that staff were excellent, caring and dedicated. We saw that staff treated patients in a respectful and caring manner and were friendly towards patients. We saw that reception staff were kind and welcoming and chatted to patients to try to make them feel at ease. We saw them to be accommodating, offering patients a variety of appointment times and dates to suit their needs.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Patients who were anxious about visiting the dentist said that staff were compassionate and understanding. They said that staff made sure they were well looked after. Patients said that they would not hesitate to recommend the practice.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. To protect patient's privacy and dignity, treatment room doors were closed when patients were with the dentist, hygienist or hygiene therapist.

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 Standards and the requirements under the Equality Act:

- The practice had not used interpretation services recently. Staff told us that the principal dentist would authorise the use of translation services or patients would be referred to special care dental services. We were told that this service had not been required recently. Information leaflets were available in other languages such as Punjabi and complaint information could be translated into other languages as required. Patients were also told about multi-lingual staff that might be able to support them. The principal dentist spoke Hindi and Punjabi.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available. Information could be made available in large print.

The practice had developed an accessible information policy which stated that the practice should provide information to patients in a language/format that they could understand. An interpreting services policy was also available which guided staff on the steps to take when interpretation services were required.

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 provided patients with information about the range of treatments available at the practice. Costs of both private and NHS treatments were detailed on the practice website and were on display in waiting areas within the practice. The practice also had a social media page which gave information and updates to patients.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and intra-oral cameras. 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.

Toothbrushes and interdental brushes were also available

Are services caring?

in the treatment rooms to help demonstrate oral hygiene procedures to patients. All patients were given treatment plans which detailed information regarding treatment and costs involved.

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.

Staff told us that although most patients had been registered with the practice for many years, there were some newly registered patients who were anxious about visiting the dentist. Staff told us the methods they used to try and reduce their anxiety. Pop up notes were put on patient records to alert the dentist that a patient was anxious.

Staff told us that patients who found it unsettling to wait in the waiting room before an appointment could wait in their car or outside the practice. Staff would go outside the practice to inform the patient when the dentist was ready to see them. The dentist would be alerted that the patient was anxious, and we were told that they would always try to see them as soon as possible after they arrived.

We were told that longer appointments were offered to dental phobic patients as the dentist may need to take extra time reassuring the patient and explaining treatments. Patients could bring a friend or relative with them to appointments. Patients said that staff were attentive, welcoming, caring and made them feel at ease. Music could be played in the dental treatment room and in the waiting area to try and help relax patients. Dental phobic patients could be referred for sedation if appropriate.

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

The practice had made reasonable adjustments for patients with disabilities. These included, a hearing loop, and making information available in large print. The practice provided a ground floor treatment room and patient toilet, although the toilet was not large enough to accommodate a patient who used a wheelchair. There was a small step to gain access to the premises.

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

Short- and long-term refurbishment plans had been developed. These included increasing the size of the ground floor toilet and making access to the practice step free.

Staff sent text or email messages to patients to remind them of their appointment. Appointment cards were also given as a reminder. Staff gave follow up calls to patients who had undergone any lengthy dental procedure, extraction or to those patients who were anxious.

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 had an appointment system to respond to patients' needs. Patients were able to book an appointment using the practice website. Patients who requested an urgent appointment were seen the same day. The dentist kept appointment slots available each day so that patients who had a dental emergency could be seen. We were told that patients in dental pain were always seen within 24 hours of their contact with the practice and were usually seen on the same day. Sit and wait appointments would be offered to patients once all vacant appointment slots had been filled. 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. Staff said that appointments were generally on time and patients did not have to wait to see the dentist.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service for NHS patients, with a rota for patients on a dental plan and with the principal dentist for patients with a practice plan.

The practice's website 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

Are services responsive to people's needs?

(for example, to feedback?)

The practice took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care. 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.

The practice had a policy providing guidance to staff on how to handle a complaint and had developed a complaint

leaflet. This gave patients information about making suggestions to improve services, making a comment or a complaint. Patients were guided to complete a comment form, including contact details if they required a response. It was also suggested that patients should speak with reception staff to raise any concerns and could ask for a copy of the Code of Practice and Policy for handling complaints. A copy of this was on display in the waiting room.

The practice had not received any complaints within the last 36 months. We looked at the last complaint received and saw that the practice responded to the concern appropriately. Standardised documentation was available to assist with responding to complaints.

Are services well-led?

Our findings

Leadership capacity and capability

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

Staff said that the principal dentist was always available and was helpful 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

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 aims and objectives included to promote excellent oral health, manage dental disease or injury for those that attended the practice and to carry out regular satisfaction surveys of people using the service. They aimed to use the results to make immediate changes where required.

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. Staff said that everyone tried their hardest to provide a first-class service to patients. We were told that staff worked well together and enjoyed working at the practice.

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

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice and 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.

Various policies were available regarding information, such as information governance, records management, data protection and a data breach policy. The principal dentist was the named information governance lead. A data audit was completed in April 2018.

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, comment cards and verbal comments to obtain patients' views about the service. Positive feedback had been received from satisfaction surveys. Satisfaction surveys were available in the waiting area for patients to complete.

Are services well-led?

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. Low levels of feedback were received but the feedback seen was positive. Comments recorded included “excellent service always helpful” and “wonderful as usual made to feel at ease”.

The practice gathered feedback from staff through meetings and informal discussions. Staff said that they could speak with the principal dentist at any time and confirmed they were approachable and helpful. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Practice meetings were held monthly, minutes of meetings were available for review. We were told that important information would be circulated to staff as and when needed.

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 (November 2018), radiographs and infection prevention and control (April 2019). 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.