# Karedent Limited

# Karedent

## Inspection Report

67 Ombersley Street East
Droitwich
Worcestershire
WR9 8QS
Tel: 01905 778873
Website: www.karedent.co.uk

Date of inspection visit: 16 May 2018
Date of publication: 19/06/2018

## Overall summary

We carried out this announced inspection on 16 May 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**

Karedent is in Droitwich and provides private treatment to adults and children.

There is a portable ramp to facilitate access for people who use wheelchairs and pushchairs. Car parking spaces are available in the dedicated practice car park at the rear of the building.

The dental team includes three dentists, two dental nurses, one sterilisation technician, one dental hygienist, one dental hygiene therapist, two receptionists and a practice manager. The practice has five treatment rooms.

# Summary of findings

The practice is owned by a company and as a condition of registration they 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 Karedent was the practice manager.

On the day of inspection we collected 37 CQC comment cards filled in by patients and looked at the most recent patient survey undertaken in May 2018. Without exception, patients were positive about the quality of the service provided by the practice. They gave examples of the positive experiences they had at the practice and told us the practice team were professional, friendly and always put them at ease.

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

The practice is open:

Monday: 9am to 6.30pm

Tuesday: 8.30am to 5pm

Wednesday: 8.30am to 5pm

Thursday: 8.30am to 5pm

Friday: 8.30am to 5pm

Saturday: 9am to 1pm

**Our key findings were:**

- We noted that the practice ethos was to provide quality caring, gentle dental care and to treat and care for patients as the team would for their own families.
- Strong and effective leadership was provided by the principal dentist and empowered practice manager. Staff felt involved and supported and informed us this was a good place to work.
- The practice appeared clean and well maintained. An employed cleaner was responsible for the day to day cleaning.
- The practice 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. The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Safeguarding contact details were available in every treatment room.
- The practice had thorough staff recruitment procedures and a supporting recruitment policy.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Patients could access treatment and emergency care when required.
- The practice asked staff and patients for feedback about the services they provided. Information from 37 completed Care Quality Commission (CQC) comment cards gave us an extremely positive picture of a professional, friendly, caring and high quality service.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular ensuring all referrals are logged, air conditioning units are serviced in line with manufacturer's guidance and a risk assessment is completed for Hepatitis B non-responders.

# 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 with the exception of a risk assessment which needed to be completed for Hepatitis B non-responders.

They used learning from incidents and complaints to help them improve. The learning from these was discussed at team 'huddles' and staff meetings.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Safeguarding contact details were available in every treatment room.

Staff were qualified for their roles and the practice completed essential recruitment checks. The practice had a recruitment policy and all staff files we checked were comprehensive.

Premises and equipment were clean and properly maintained with the exception of the air conditioning units which had not been serviced in line with manufacturer's guidance. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. Medical scenario training was completed in house every four months to ensure staff were kept up to date.

**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 extremely professional, amazing, and great attention to detail. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. The practice accepted referrals for dental implant treatments. The practice did not have a log to track and monitor outgoing referrals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. One of the dental nurses carried out treatment care coordinator duties and supported patients throughout the course of their treatment. The dental nurses had extended duties which included radiography and implant nursing to enhance patient support.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. One of the dentists and a dental nurse regularly visited local schools to educate children in tooth brushing techniques and deliver healthy eating advice.

**Are services caring?**

No action

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

# Summary of findings

We received feedback about the practice from 37 people. Patients were positive about all aspects of the service the practice provided. They told us staff were always helpful, caring and attentive.

They said that they were given detailed explanations of treatment options and were never pressured to have treatment. Patients consistently told us that all the team members were friendly 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. Many patients commented that due to attending this practice regularly they were no longer nervous and now felt comfortable visiting the dentist.

The practice treatment care coordinator was on hand to discuss patient needs at length and ensure any reasonable adjustments were made for patients visiting the practice. The practice team also made after care calls to patients following complex treatment to ensure that they were happy and offer any further advice and discuss any concerns they may have.

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

**Are services responsive to people's needs?**

**No action** ✓

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening early Tuesday to Friday from 8.30am and late on Monday until 6.30pm. Saturday morning appointments were also available for patients preferring not to attend during the week.

Staff considered patients' different needs. This included providing facilities where possible for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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.

Strong and effective leadership was provided by the principal dentist and an empowered practice manager. The practice team shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

The principal dentist was a member of a Fellowship. The fellowship recognised and promoted excellence in leadership with an emphasis on service whilst providing peer support. This was a coveted position that could only be joined by invite and gave access to seminars, conferences and leading edge training internationally.

# Summary of findings

The practice team kept complete patient dental care records which were typed and backed up securely.

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

# Are services safe?

## Our findings

**Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was a dedicated safeguarding lead and local authority contact details were displayed in each of the treatment rooms. 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.

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

The practice also had a policy and system to identify adults that were in other vulnerable situations. For example those who were known to have experienced modern day slavery or female genital mutilation.

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. A copy of the whistleblowing policy was on display in the staff kitchen. Staff told us they 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 a patient refused to use rubber dam we were advised that the dentists would not proceed with treatment and would record this in the patients dental care record.

The practice had staff recruitment procedures and a policy to help them employ suitable staff. They also had checks in place for agency and locum staff. We looked at seven 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, with the exception of the air conditioning units which had not been serviced in line with manufacturer's guidance.

Records showed that firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. At the time of our visit the practice were in the process of having a new fire alarm system and emergency lighting installed. The team carried out fire drills regularly; this was last completed in August 2017.

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 used digital X-rays. We highlighted they did not use rectangular collimators. The rectangular collimators were immediately ordered following our visit.

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 (CBCT) machine to enhance accurate and safe placement of implants. 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 up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

# Are services safe?

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.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We found that one member of staff was a non-responder to the Hepatitis B vaccine. Annual blood checks were completed and processes were in place to minimise the risk although there was no risk assessment to support this.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Medical scenario training was completed in house every four months to ensure staff were kept up to date. Immediate Life Support (ILS) training for sedation was also completed by relevant team members.

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.

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

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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

There was a dedicated decontamination room which served all five dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. A dedicated sterilisation technician was responsible for ensuring that high standards were followed. Records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in May 2018. 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 clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The latest audit completed in November 2017 showed the practice achieved 98% compliance and was meeting the required standards.

**Information to deliver safe care and treatment**

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

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

The practice accepted referrals for dental implant treatments. Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. The practice did not have a log to track and monitor outgoing referrals.

**Safe and appropriate use of medicines**

# Are services safe?

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

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

The 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**

The practice had a good safety record.

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets and risk assessments were held for all materials and substances. This information and a COSHH policy were stored in a designated COSHH file.

**Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action 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.

# 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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Following an update to recognised guidelines in relation to antibiotic prophylaxis for infective endocarditis the dentist implemented a new care pathway, policy and template letter.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality and also mentored other dentists to place dental implants. The provision of dental implants was in accordance with national guidance.

The practice had access to intra-oral cameras and microscopes to enhance the delivery of care.

**Helping patients to live healthier lives**

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice 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.

One of the dental nurses carried out treatment care co-ordinator duties and supported patients throughout the course of their treatment. The dental nurses had extended duties which included radiography and implant nursing to enhance patient support.

The principal dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. One of the dentists and a dental nurse regularly visited local schools to educate children in tooth brushing techniques and deliver healthy eating advice. The dentist would use a non-permanent pen to colour in a puppets teeth and then encourage the children to have a go at cleaning them with a toothbrush. All children were given goody bags with free toothpaste samples and oral hygiene information leaflets.

**Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

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

# Are services effective?

## (for example, treatment is effective)

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

The practice carried out conscious sedation for patients who would benefit. 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 practice 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 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 suitably 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. For example, the dental nurses had extended duties which included radiography and implant nursing to enhance patient support.

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

Staff told us they discussed training needs at annual appraisals, one to one meetings and at staff meetings. 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. One of the dental nurses carried out treatment care co-ordinator duties and supported patients throughout the course of their 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 had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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

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

# 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 always helpful, caring and attentive. 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 and they told us they 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 leaflets, treatment prices and thank you cards were available for patients to read.

**Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room or use the upstairs waiting room exclusively for that patient. 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.

**Involving people in decisions about care and treatment**

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

Equality Act requirements (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 have English as a first language. 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, for example, communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice treatment care coordinator was on hand to discuss patient needs at length and ensure any reasonable adjustments were made for patients visiting the practice. The practice team also made after care calls to patients following complex treatment to ensure they were happy and offered any further advice and discuss any concerns they may have.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and an intra-oral camera The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

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

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

The practice manager also taught children with learning disabilities and had in depth knowledge and training in supporting patients with a learning difficulty.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had some patients who attended with guide dogs and had developed an assistance dog policy to support this.

The practice had made reasonable adjustments for patients with disabilities. These included a portable ramp, a lowered level on the reception desk for wheelchair users, two ground floor treatment rooms and hand rails on both sides of the stairway. The practice did not have a hearing loop or a wheelchair accessible toilet. We were informed they currently had no patients that required a hearing loop and that patients could use the accessible toilet facilities in the community centre next door.

A Disability Access audit had been completed in January 2017 and an action plan formulated in order to continually improve access for patients.

Staff described an example of patients who had dyslexia, the team supported these patients to complete forms in a quiet area of the practice to ensure they protected the patient's privacy when discussing personal details.

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

**Timely access to services**

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

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website. The practice offered extended hours appointments opening early Tuesday to Friday from 8.30am and late on Monday until 6.30pm. Saturday morning appointments were also available for patients preferring not to attend during the week.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Patients could book their own appointments through an online booking system which was constantly monitored by the reception team to ensure the correct types of appointments were scheduled. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice ran and took part in the emergency on-call arrangement with other local practices for their private patients.

The practice 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 complaints policy providing guidance to staff on how to handle a complaint. The practice displayed their complaints procedure on the notice board in the waiting room and their website also explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

# Are services responsive to people's needs?

## (for example, to feedback?)

We looked at comments, compliments and complaints the practice received within the past 12 months. The practice had only received one complaint during this period. As a result of this complaint the practice reviewed their procedures and amended to ensure that before and after photos were always taken for certain treatments. This 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 dentist and an empowered practice manager. The practice team shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

The principal dentist had the capacity and skills to deliver high-quality, sustainable care. They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The principal dentist was a member of a Fellowship. The fellowship recognised and promoted excellence in leadership with an emphasis on service whilst providing peer support. This was a coveted position that could only be joined by invite and gave access to seminars, conferences and leading edge training internationally.

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

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

**Vision and strategy**

There was a clear vision and set of values. The practice vision was to provide quality caring, gentle dental care and to treat and care for patients as the team would for their own families. This was displayed in the patient information brochure. The practice had a realistic strategy and supporting business plans to achieve priorities.

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. This included on-going refurbishment works and plans to extend the building to accommodate an implant, cosmetic and aesthetic dental suite along with teaching facilities.

**Culture**

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

Most of the team members had worked at the practice over 10 years, this provided consistency and stability for patients. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

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 told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

**Governance and management**

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

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed by the practice manager on an annual 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.

# Are services well-led?

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, suggestions and verbal comments to obtain patients' views about the service.

Recent patient survey results from January to May 2018 were very positive. The results showed that of the nine respondents 100% were satisfied with the service they experienced and 100% felt that the dentist listened to their needs and wishes.

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. For example, following feedback that there was an issue with the screen in one of the treatment rooms, the practice manager purchased a new screen. Staff were also encouraged to complete a team survey at their latest appraisals. The results of these showed all staff believed that the management at this practice were committed to providing all the training and development that staff needed and that the management team also valued their opinions.

**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. All staff training was funded and supported by the principal dentist. The team were regularly taken to dental seminars and conferences.

The whole staff team with the exception of the principal dentist had received 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 told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.