

Dr Sima Rahimi

# Rugby Dental Care

## Inspection Report

97 Clifton Road  
Rugby  
CV21 3QH  
Tel: 01788 577244  
Website: [www.rugbydentalcare.co.uk](http://www.rugbydentalcare.co.uk)

Date of inspection visit: 18 November 2019  
Date of publication: 24/01/2020

### Overall summary

We carried out this announced inspection on 18 November 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 Care Quality Commission (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 this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Rugby Dental Care is located near Rugby town centre and provides NHS and private dental care and treatment for adults and children.

There are two small steps at the practice entrance. Staff told us they are able to accommodate people who use wheelchairs and those with pushchairs by assisting them with these steps. Car parking spaces are available near the practice but there are no dedicated spaces for blue badge holders.

# Summary of findings

The dental team includes five dentists and five dental nurses (one of whom is a trainee dental nurse). One of the dentists holds a specialism in oral surgery. The dental nurses also carry out reception duties. The practice has three treatment rooms.

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 collected 27 CQC comment cards filled in by patients.

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

The practice is open from Monday to Friday between 8:45am and 5:15pm and closed for lunch between 12:30pm and 1:30pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which mostly reflected published guidance. Improvements were made to strengthen processes within 48 hours of our inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a few items. These were promptly ordered.
- The provider had systems to help them manage risk to patients and staff although improvements were required. Improvements were made to strengthen processes within 48 hours of our inspection.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had completed training. One staff member had not completed training to the recommended level but completed this immediately once we brought this to their attention.
- The provider had staff recruitment procedures which reflected current legislation. Improvements were needed to ensure complete immunisation records were available for all clinical staff members.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, the disinfection of waterlines.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. Staff should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff had systems to keep patients safe. We identified necessary improvements.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Safeguarding contact details and flow charts were displayed in the staff room. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We saw evidence that all staff had received safeguarding training. One member of staff was not trained to the appropriate level. They responded promptly and sent us evidence that they had completed training to the required level within one day of our visit.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. We reviewed this and found parts of it were generic. It did not cover all aspects of clinical waste. 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. However, we identified some necessary improvements. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments and this was in line with HTM 01-05. However, we found that staff did not always check the water temperature when decontaminating used instruments. They told us they checked it at the start of the day but not after this. The provider held an urgent staff meeting within two days of our visit. They forwarded us meeting minutes and these

showed that a discussion had been held which stated that the water temperature should be checked and recorded whenever cleaning and rinsing instruments. They told us that this was immediately implemented and they forwarded us an amended recording template to reflect this.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. However, staff informed us there was one type of instrument that was low in stock at the practice. The provider told us they were not aware of this and sent us evidence that they had ordered new stock within two days of our visit. The provider also advised staff to inform them immediately of any shortages so that the issue could be promptly resolved if it happened again.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. We reviewed a selection of instruments and found that a few sterilised instruments had debris on them that had not been removed during the manual cleaning process. The provider informed us that further training would be given to dental nurses and this would be completed within one week of our visit.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. However, we identified some shortfalls. Staff were flushing the water lines as recommended but were not using a cleaning system to disinfect the water lines. The provider took prompt action and contacted an external specialist who carried out a risk assessment one day after our visit. We saw evidence that the specialist had confirmed that all temperatures were within the recommended range. They identified that the temperature probe that the practice was using was not calibrated and offered a solution which the

# Are services safe?

practice actioned. The specialist had also made some recommendations regarding the disinfection of the waterlines and the practice informed us that they planned to implement this within one week.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that a container for storing used sharp instruments was over 12 months old. Guidance state these should be replaced after three months. This container was empty and the provider informed us this must have been a mistake as the container had not been used. The provider held a staff meeting after our visit to discuss this. They informed us that staff had checked the dates on all the containers and added stickers to the top of the containers to highlight the date that the containers should be replaced.

Staff carried out infection prevention and control audits but they were not completed every six months in line with guidance. We reviewed an audit from October 2019 and the one previously was from June 2018. The latest audit showed the practice was meeting the required standards; however, there was no action plan or learning outcomes. The provider told us they would ensure that all audits were scheduled to be completed every six months.

The provider had a Speak-Up policy. This was clearly displayed for staff to access and it included both internal and external contact details for reporting any concerns. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure with the exception of one staff member who did not have a reference in their personnel file. The provider said this was requested and that it must have been accidentally mis-filed. The provider responded promptly and sent us evidence of a reference request to the same referee for completeness.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. The compressor at the practice had been serviced in September 2018 and the next service was due. We received evidence that this had been completed the day after our visit. The provider was aware that the annual gas safety check was overdue. They told us they held a contract with a company who carried out this check annually but they had not yet completed the most recent check despite it being overdue. The provider said they had made many attempts to book this but the earliest appointment offered by the company was in early January 2020. We discussed this and the provider responded promptly by booking a safety check with another company to take place the day after our visit. We saw evidence of this check and this confirmed that the safety check was satisfactory.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available with the exception of the document that includes information about employer's procedures. This was forwarded to us after our visit. All treatment rooms were fitted with intra-oral X-ray machines and all these used rectangular collimations to reduce radiation exposure to the patients.

We saw evidence the dentists justified, graded and reported on the radiographs they took. One of the dentists carried out radiography audits following current guidance and legislation.

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

## Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. We identified some necessary improvements and the provider responded promptly to resolve these.

# Are services safe?

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment and identified some necessary improvements. The staff were not consistently following the practice policy when dismantling used needles. The provider and policy stated that only the dentists should be dismantling these but some staff told us otherwise. One safety incident had taken place within the previous 12 months involving a dental nurse who had sustained an injury from a used needle. The provider was not aware of this and held an urgent staff meeting within two days of our visit. They forwarded us meeting minutes and these showed that a discussion had been held which stated that only dentists must handle used sharp instruments at the practice with immediate effect. The container for storing used sharp instruments was removed from the dental nurses' area in the treatment rooms and was now accessible to the dentist to help facilitate this. The practice's policy on sharp instruments had also been reviewed to reflect this. A sharps risk assessment had been undertaken and was updated annually.

We reviewed staff vaccination records and found that the provider had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that all clinical staff had received the vaccination. However, the effectiveness of the vaccination had not been checked for two staff members. One staff member had recently completed the course of vaccinations and was waiting to have their titre levels checked. Staff responded promptly and informed us that both staff members had been booked for a blood test within 48 hours of our visit. The provider also sent us comprehensive risk assessments that had been completed for both staff members where there were gaps in assurance until they received confirmation of immunity from the blood test results.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We saw evidence that they had an opportunity to rehearse emergency medical simulations to practise their skills in between these events.

Emergency equipment and medicines were available as described in recognised guidance with the exception of the clear face masks. Current guidance recommends five sizes of clear face masks but the practice only held two sizes. Staff kept records of the regular checks of the emergency equipment and medicines to make sure these were available, within their expiry date, and in working order. However, staff were unable to check the expiry date of the five oropharyngeal airways as these were stored in a sealed sterilisation bag with no expiry date. The provider responded promptly and sent us evidence that orders had been placed for five clear face masks and replacement airways.

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

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

## 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 dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines. However, medicines were being

# Are services safe?

dispensed to patients without the practice name or address on the label. Staff responded promptly and forwarded evidence to us of amended labels which had pre-printed details of the practice name, address and telephone number.

There was a 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 NHS prescriptions as described in current guidance. The practice did not keep a log of prescriptions issued so that each one could be tracked. Within two working days, the practice forwarded evidence of a new log sheet that they would use to track individual prescriptions with immediate effect.

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

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

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents.

Where there had been safety incidents we saw these were investigated and documented to prevent such occurrences happening again. However, one incident that we reviewed contained limited information about the incident and any follow up actions. This was discussed with the provider and they assured us they would document all relevant details with any future incidents.

The provider had a system for receiving and acting on safety alerts. Staff 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

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw 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 had access to electronic tablets to enhance the delivery of care. Patients used these to read and sign documents related to their dental care.

### **Helping patients to live healthier lives**

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided information on posters in the waiting areas to help patients with their oral health.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice to residents. Staff invited the local mayor to the practice to promote oral health. Staff also participated in annual activities at the practice to raise awareness of topics such as oral cancer and smoking cessation.

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Written information about dental procedures and post-operative treatment was given to patients who required more complex treatment, for example, minor oral surgery.

### **Consent to care and treatment**

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 (MCA). We saw evidence that staff had completed online training about the MCA; however, some of the staff were not fully aware about parts of the Act when treating adults who might 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 in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age. Following our visit, the provider held a staff meeting within two days and informed us that a discussion was held about the principles of the MCA with staff. They sent us evidence that all staff had completed further training in the MCA to update their knowledge.

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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.



# Are services effective?

(for example, treatment is effective)

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. The provider was supporting a trainee dental nurse to become qualified at the time of our visit. The lead dental nurse also held an important role with practice management.

Staff new to the practice had a structured induction programme – we saw evidence of separate induction

programmes for dentists and dental nurses. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

## **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 for treatment the practice did not provide.

# Are services caring?

## Our findings

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

### 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 outstanding, incredible and professional. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. One patient commented that staff helped them overcome their dental phobia through their 'excellent care'.

Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Thank you cards were available for patients to read.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television (CCTV) to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had not been completed. The provider took prompt action and forwarded us a comprehensive policy which included all relevant information.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were not available for patients who did not speak or understand English. Patients were told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Persian, Swedish and Norwegian. We were informed that patients could invite family relations to attend to assist. This could present a risk of miscommunication between staff and patients. Staff responded promptly and forwarded details of interpretation services and a new policy relating to this.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to 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. Staff told us they asked patients to relay information about their dental treatment back to them to help ensure they understood the proposed treatment.

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia and autism. Staff shared anonymised examples of how they met the needs of more vulnerable members of society such as patients with dental phobia and people living with dementia, autism and long-term conditions.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

27 cards were completed, giving a patient response rate of 54%.

100% of views expressed by patients were positive. One patient was very satisfied with the practice overall but commented that parking near the practice can be difficult. One other patient felt uncomfortable in the waiting room but said that the dentist and dental nurses were wonderful and attentive to their needs.

Common themes within the positive feedback were the caring and informative nature of staff, clean facilities and flexibility with appointment times. Several patients also praised staff for their management of nervous patients and children.

We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The dental nurses working on reception supported patients that were unable to use the electronic tablets to complete necessary details in a confidential area.

Patients who were nervous or who required additional time were booked longer appointments and these were often before lunchtime so that staff could spend additional time with patients if needed.

The practice had made reasonable adjustments for patients with disabilities. There were two small steps at the practice entrance. Staff told us they were able to accommodate people who use wheelchairs and those with pushchairs by assisting them with these steps. Patients were advised to ring the doorbell to alert staff if they required any assistance. Toilet facilities were available on the ground floor but were not accessible to wheelchairs. Reading materials were available in larger font size upon request. Staff told us they communicated with patients that had hearing impairments by lip-reading and/or writing down information for them. The reception area had a dedicated area at a lower level so that staff could talk at eye level with patients in wheelchairs. There were no dedicated spaces for blue badge holders; however, staff would move their own cars from the small practice car park for any patients with mobility problems.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

The provider had completed training in hypnosis and used these skills to help nervous patients at the practice.

The practice sent appointment reminders to all patients that had consented. The method used depended on the patient's preference, for example, via text message or email. The patient's preference was recorded on their file.

A water machine and a selection of magazines were provided for patients in the waiting room.

### Timely access to services

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

The practice opening hours were included 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 offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

# Are services responsive to people's needs?

(for example, to feedback?)

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The practice referred patients to NHS 111 out of hours service if they required urgent dental care outside the practice's opening hours.

The practice's 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**

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. Information was available in the waiting area for patients which explained how they could make a complaint.

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

The provider 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 provider had dealt with their concerns.

We looked at comments, compliments and complaints the practice had received in the previous 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

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was emphasis on continually striving to improve.

### **Leadership capacity and capability**

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

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Staff acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

The practice aims and objectives were to provide patient centred dental care of a consistent high quality, whilst taking into account patients' individual needs.

### **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.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. We saw examples of how staff acted to make the patient's journey more comfortable, such as assistance with access and the provision of magazines, toys and a television in the waiting area.

We saw the provider had systems in place to deal with staff 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.

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

### **Governance and management**

Staff had 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 lead nurse 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.

We saw there were processes for managing risks, issues and performance. We identified some shortfalls and staff demonstrated their commitment to improvement as they were able to demonstrate prompt and effective action following our visit.

Practice meetings for all staff were held on a monthly basis where learning was disseminated.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, such as audits, was used to ensure and improve performance.

The provider 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**

Staff involved patients, the public, staff and external partners to support the service.

# Are services well-led?

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We also reviewed testimonials from patients which were very positive. We saw examples of suggestions from patients the practice had acted on. Examples included the addition of a drinking water machine, new chairs and a television in the waiting area.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, appraisals 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**

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted that the infection control audit did not have a documented action plan. By following action plans, the practice would have been able to assure themselves that they had made improvements as a direct result of the audit findings.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the provider encouraged staff to complete online training to enhance their knowledge.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.