J & M Dental Care Ltd

JM Dentalcare

Inspection Report

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Overall summary

We carried out this announced inspection on 11 March 2020 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

J M Dentalcare is in Sutton Coldfield, West Midlands and provides private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. Dedicated parking for people with disabilities is available in pay and display car parks near the practice. Parking is also available on local side roads.

Summary of findings

The dental team includes three dentists, four dental nurses, two dental hygienists, two dental hygiene therapists, a treatment co-ordinator, a practice co-ordinator, a practice manager and three receptionists. The practice has five treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 JM Dentalcare is the practice manager.

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

During the inspection we spoke with two dentists, the lead dental nurse, two dental hygiene therapists, one receptionist, the practice co-ordinator and the practice manager who are both also dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Thursday from 8am to 8pm, Tuesday and Friday from 8am to 5pm and Wednesday from 7am to 4pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- 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 practice provided extended opening hours early morning and late evening and were accommodating to patients' needs at other times.
- The provider had effective leadership and a culture of continuous improvement. Monitoring systems were in place to ensure staff kept up to date with training.
- 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 had systems in place to deal with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Improve the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.
- Improve staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

No action

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

No action

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

No action

Are services responsive to people's needs?
We found this practice was providing responsive care in accordance with the relevant regulations.

No action

Are services well-led?
We found this practice was providing well-ledcare in accordance with the relevant regulations.

No action

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 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff had signed documentation to confirm that they had read the practice's safeguarding policies. Staff were aware that the practice manager was the safeguarding lead. Safeguarding information, including reporting information, was on display in the office and in the staff room for ease of access for staff. We discussed the NHS safeguarding application with the practice manager and were told that this would be discussed with dentists. The practice manager confirmed that they would download the NHS safeguarding app on their telephone, (a free resource for healthcare professionals to increase their awareness and understanding of safeguarding requirements). We saw evidence that staff had received safeguarding training. This included internal training provided by BUPA, some staff had also completed other on-line training. Staff told us that there was a quiz at the end of the safeguarding training, and they were unable to complete the course unless they passed the quiz. They felt this helped them ensure they were up to date with current information. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We were told that additional support regarding safeguarding could be provided to the practice from the clinical governance team if required.

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

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The 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.

At the time of our inspection, staff were carrying out manual cleaning of dental instruments prior to them being sterilised. This was due to the practice's washer disinfector being broken and awaiting repair, an engineer had been contacted and was expected. All instruments seen on the day of inspection were clean and staff were aware of the correct manual cleaning procedures.

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.

Consideration should be given to including a notice on the decontamination room door to inform patients that this is a staff access only area.

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 which was conducted in April 2018. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. Records were available to demonstrate that staff had received training regarding legionella management.

Are services safe?

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. The practice employed a cleaner who worked when the practice was closed. The cleaner worked alone at the practice but systems were in place to ensure their safety. For example, a lone worker risk assessment was in place.

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

The infection control lead carried out infection prevention and control audits, we saw the last two audits which were undated. We were told that these had been completed at the required frequency and records should have been dated April and October 2019. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy, contact details were included of local 'speak up officers' who were available to discuss any employee concerns. Staff were also able to contact an external global independent company who managed whistleblowing concerns, ethics and compliance and these details were also recorded on the policy. Staff felt confident they could raise concerns without fear of recrimination. We were told that the practice manager encouraged staff to speak out and reminded staff of the speak out policy available.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Patients who refused use of the dental dam were referred to the dental hospital to receive treatment. We saw this was documented in the dental care record.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. The practice manager discussed the recruitment process which involved the provider's head office human resources staff. They provided support in some parts of the recruitment process when required. Potential employees were interviewed by the practice manager. Dentists also undertook an interview with a regional support advisor before employment was confirmed. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure. Disclosure and barring checks (DBS) were available for all staff and new DBS checks were completed upon employment (DBS checks completed whilst previously employed at a BUPA dental practice were accepted). Information available in recruitment files was in line with Schedule three of the Health and Social Care Act.

The practice's recruitment procedures included checks for agency and locum staff. A service level agreement was in place between BUPA and the agency used to provide temporary staff. This helped to ensure that appropriate recruitment information was available. Wherever possible BUPA 'bank nurses' were used to cover vacant shifts. These staff were subject to the routine recruitment checks completed for all BUPA staff.

Recruitment information was securely stored and was only accessible to the relevant staff at the practice.

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 and gas appliances. A gas safety certificate was available dated January 2020 and a five-year fixed wire safety certificate dated 2018. We saw that some issues for action were identified in the fixed wire test which were addressed in May 2018. Portable electrical appliances were last tested in April 2019. We were told that staff completed visual checks of portable appliances, but this was not documented.

A fire risk assessment was carried out in 2018 by an external company in line with the legal requirements. Evidence was available to demonstrate that issues for action identified had been addressed. The risk assessment was reviewed by staff at the practice in 2019. We were told that a further risk assessment would be completed during 2020.

We saw there were fire extinguishers and fire detection systems throughout the building. Records were available to demonstrate that the fire alarm, emergency lighting and fire extinguishers were serviced as required. Staff kept records to demonstrate that routine checks took place of emergency lighting, fire alarms, fire evacuation aids, fire doors, extinguishers and fire exits. Two staff members had completed fire marshal training and were responsible for fire safety issues.

Records were kept demonstrating that a fire drill had taken place in July 2019, no other records were available.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year 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.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. Various risk assessments were available, for example regarding sharps, control of substances hazardous to health, manual handling, new and expectant mothers, legionella, fire, lone workers, hepatitis B and a general practice risk assessment.

The provider had current employer's liability insurance dated November 2019.

The practice was using a safer sharps system and clinicians confirmed that they were responsible for use and disposal of all sharp objects. A sharps policy and a risk assessment were available which had been reviewed and updated at least annually. Information posters were on display regarding action to take following a sharps injury. We noted a sharps bin in a treatment room which was dated indicating that this bin had not been emptied within the last three months. Sharps bins should be locked and stored ready for collection three months after first use even if they are not full. The practice manager confirmed that this would be addressed immediately.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. A risk assessment was in place for one staff member who was awaiting the results of the blood test to confirm immunity.

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 presented 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.

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

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

The provider had information regarding substances that were hazardous to health in use at the practice. This included material safety data sheets and control of substances hazardous to health risk assessments. The lead nurse was responsible for ensuring this information was kept up to date.

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 written or 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.

Are services safe?

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 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. This would help staff to understand risks which led to effective risk management systems in the practice as well as safety improvements. There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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. Patients' dental records were detailed and clearly outlined the options, risks and benefits of treatment, assessments undertaken and any advice given. New patients had an appointment with a treatment co-ordinator. Past dental, social and medical history were discussed and information was obtained about the patient's wants, needs and any requirements. Following any treatment, patients were given a written treatment plan which could also be sent to them by email if requested. Patients' dental records were audited regularly to check that the necessary information was recorded

Not all clinical staff were aware of Local Safety Standards for Invasive Procedures (LocSSIPS). The practice manager confirmed that this would be addressed immediately.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care. One of the dentists had an interest in endodontics, (root canal treatment). The dentist provided advice and guidance on endodontics to the other dentists in the practice.

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 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 leaflets to help patients with their oral health.

One of the dental nurses was qualified as an oral health educator.

The dentist and dental hygiene therapist 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.

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 were all given a treatment plan which detailed information about treatment and any associated cost. The treatment co-ordinator discussed any proposed treatment with patients before any agreement was reached. Patients confirmed their dentist listened to them and gave them clear information about their treatment. A patient told us that all treatments were fully explained and another said that the dentist always took notes of any comments made and listened and treatment was always good.

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. Staff we spoke with showed an understanding of Gillick competence, by which a child under the age of 16 years of age may give

Are services effective?

(for example, treatment is effective)

consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age. 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.

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.

Effective staffing

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

Staff new to the practice staff had a structured induction programme. We were shown completed induction documentation and saw that induction paperwork had been updated recently to cover a six-month period. Monthly probation review meetings were held, and staff were then included in the six-monthly appraisal process. Staff new to the practice had a mentor to provide support during the induction process. Staff said that the induction process included orientation to the practice, shadowing an experienced member of staff and having observations of their working practices by their mentor. They also read policies and procedures and completed Bupa mandatory on-line training. We were told that everyone was supportive and helpful and induction training provided them with the information needed to be able to do their job

The practice occasionally used locum and agency staff. We were told that these staff received an induction to ensure they were familiar with the practice's procedures. The practice manager discussed the induction process, we were told that this was not documented.

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 caring, respectful and helpful. We saw staff treated patients in a courteous, caring manner. Staff were friendly towards patients at the reception desk and held general conversations with them whilst they waited to see the dentist.

Patients said staff were compassionate and understanding. One patient told us that they had been a patient at the practice for 20 years and said that the entire team were courteous, professional and polite. We were told that the service was exemplary.

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

An folder was available for patients containing various practice policies and other patient information. This folder was not clearly visible and a discussion was held with the practice manager to consider a way of alerting patients to the availability of this information or moving it to a more conspicuous location. Patient survey results were available for patients to read.

Privacy and dignity

Staff 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. There was a ground floor waiting area and a first-floor seating area. The practice had a room used by the treatment co-ordinator which could be used for confidential discussions if a patient asked for more privacy. 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.

All consultations were carried out in the privacy of the treatment room and we saw that doors were closed during procedures to protect patients' privacy. However, we noted treatment room doors had a small clear glass panel in the top of each door, this meant that patients or visitors to the practice could see into treatment rooms when passing the doors. We discussed this with the practice manager who confirmed that action would be taken to address this issue.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available. A selection of reading glasses was available for patients with sight impairments. The practice also used clinipads to obtain information about patients' medical history. Text on clinipads could be enlarged and staff said that they could provide information in large print to assist patients with a visual impairment.
- Icons on the practice computer system notified staff if patients had a disability or specific support requirements.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models and X-ray images. After consultation with the dentist, patients who

Are services caring?

required any treatment other than a filling, had an appointment with the treatment co-ordinator to discuss options and complete relevant paperwork. Patients were given a copy of a treatment plan. Explanations would be given about costs, timeframes and patients could be shown pictures/diagrams showing step by step information.

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 or patients who used wheelchairs. Staff were aware of the support needs of patients and confirmed that a note could be made on patient records to remind staff of patients' individual requirements.

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

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

Six cards were completed, giving a patient response rate of 12%, 100% of views expressed by patients were positive. Common themes within the positive feedback were that staff treated patients with care and respect, the cleanliness of the facilities and we were told that treatments were always thoroughly explained. One patient said that they could not speak highly enough of the dental practice and another said that this was one of the best dental practices they had been to.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, dentists would move treatment room and see patients in a ground floor room wherever necessary. Patient feedback received confirmed this.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a selection of reading glasses and accessible toilet with hand rails and a call bell. We were told that the practice did not have a portable induction hearing loop but that staff did not have difficulty communicating with patients with a hearing impairment.

Staff had carried out a disability access audit in September 2019 and had formulated an action plan to continually improve access for patients.

Staff told us that some patients who attended the practice were anxious. We were told staff would chat to patients to make them feel more at ease, they would take their time and try to reassure them and could offer them a drink. We observed staff chatting to patients on the day of our inspection and the atmosphere at the practice was relaxed and friendly. A television was playing in the waiting room which helped to occupy patients whilst they waited to see the dentist. New patients to the practice and those receiving any lengthy treatment had an appointment with the treatment co-ordinator who would explain any treatment to patients and answer any questions they had. Patients could be shown around the practice, discuss with the treatment co-ordinator what made them feel anxious and discuss any special needs that they had. Patients could wait in the treatment co-ordinator's room if they were anxious or upset. Staff felt this helped patients as it was furnished to give a more relaxed atmosphere and was a non-clinical setting. When seeing the dentist, they could ask to take a break in their treatment. Anxious patients were often given longer appointment times, this enabled the dentist to give detailed explanations. Music was played in treatment rooms to try and relax patients. Patients could bring a friend or relative with them to their appointment. A note was put on a patient's records if they were anxious about visiting the dentist. Staff said that they tried to make sure the dentist could see them as soon as possible after they arrived.

There was a 'drinks station' on the ground floor and patients were able to make themselves a hot drink or have a bottle of water.

Text, email or telephone appointment reminders were provided to patients who had given their consent. Letters could also be sent if this was the patient's preference. Staff made courtesy calls to some patients after treatment to check on their welfare. Calls were specifically made to patients who were anxious or who had received a lengthy treatment or had a dental extraction. Other calls were made at the request of the dentist.

Timely access to services

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

Are services responsive to people's needs?

(for example, to feedback?)

The practice included its opening hours 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. Dentists kept appointments free each day to be used by patients who required emergency treatment. Reception staff held discussions with dentists to identify the urgency of the appointment. We were told that all patients who required urgent treatment were seen within 24 hours of contacting the practice. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice offered extended opening hours, opening at 8am Monday to Friday (7am on a Wednesday) and closing at 8pm on a Monday and Thursday. This enabled patients to book an appointment outside of usual office hours.

The staff took part in an emergency on-call arrangement with another other local practice and 111 out of hour's service and patients were directed to the appropriate out of hours service.

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. Patients could contact the practice through the website and staff would then telephone the patient. Patients were also able to book appointments using the practice website.

Listening and learning from concerns and complaints

The practice manager was responsible for dealing with complaints with support provided by the patient liaison team at head office if required. Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Staff said that verbal complaints would be addressed immediately, details of the complaint would be recorded on patient notes. Principle five of the General Dental Council nine principles suggest that complaint records "should be separate from your patient records so that patients are not discouraged from making a complaint". The practice manager confirmed that this would be addressed immediately and patient complaints would in future be recorded separately.

The provider had a policy providing guidance to staff about how to handle a complaint. 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 aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

The practice information leaflet asked patients to contact the practice manager or contact patient.feedback@bupadentalcare.co.uk if they wished to make a complaint. A copy of the complaint policy was available in the patient information folder in the waiting area. This folder was not easily noticeable in the waiting area and there was no copy of the complaint policy on display. The practice manager confirmed that they would consider ways of making this information more accessible to patients. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We were told that the practice had not received any formal written complaints within the last two years. Systems were in place for the recording, investigation, responding to and monitoring complaints. This included recording the details of the complaints received on the computer system which was monitored by staff at head office. We were told that when complaints were received they would be discussed 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 strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustained high-quality services and demonstrated improvements over time.

Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

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.

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 and said that everyone worked well together.

Dental nurses, treatment co-ordinators and reception staff discussed their training needs at six-monthly appraisals. Initial appraisal meetings involved goal setting meetings both relating to the practice and the individual member of staff. Staff development was discussed and recorded. A further meeting was held six months later to discuss whether staff member was meeting their goals and whether any additional support was required to enable them to meet these goals.

Staff told us that the practice manager was approachable and had an open-door policy. They were able to speak with them at any time to discuss general wellbeing and any issues or concerns. We saw evidence of completed appraisals in the staff folders. Dentists, hygienists and hygiene therapists held monthly one to one meetings with the practice manager. These were held to discuss any issues, concerns, clinical issues or any changes at the practice.

We were told that one to one catch up meetings were also held with dental nurses and receptionists; these meetings were not documented unless an issue for action or concern was raised.

The staff focused on the needs of patients. We were told that meeting the individual needs of patients was top priority. Appointments were made with the treatment co-ordinator to identify these needs, for example if the patient preferred to see a male or female dentist, if they could only be seen in a ground floor treatment room or if they were anxious about coming to the dentist. The treatment co-ordinator spent time with patients trying to allay any fears and answer any questions.

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

Systems were in place to ensure that staff acted in an open, honest and transparent way when responding to incidents and complaints. However, not all staff we spoke with were aware of Duty of Candour or any systems in place 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. Staff also told us about support mechanisms in place. For example, staff said that they could contact occupational health if they had any health concerns that impacted on their work, they were also able to contact healthy minds if they had any worries.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

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.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff 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 provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. A leaflet was available for patients which explained how Bupa collected patient information, the type of information, information sharing and security. Details of where patients could access further information about Bupa's privacy policy were included.

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. Patients who consented received an email following every appointment asking for feedback, they could also request the practice to contact them if they had anything they wanted to discuss. A paper satisfaction survey was also available for patients to complete. The results of the survey were on display in the waiting room. The results of the February 2020 survey were positive. We were told that systems were in place to respond to any negative feedback.

The provider gathered feedback from staff through meetings and informal discussions. We were told that practice meetings were held monthly with the whole practice team. Meetings could also be held separately between nurses, reception staff and clinicians. Standardised information was included on the agenda such as safeguarding, health and safety and incidents. Staff said that they were able to add items for discussion during practice meetings. Policies, risk assessments and other issues were discussed regularly with staff during practice meetings. The meetings often contained a training element to ensure all staff were up to date with the latest guidance and policies. Discussions were held with those staff who were unable to attend the meeting and a copy of the minutes were available for review. Ad-hoc meetings were held to discuss any urgent issues. 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, hand hygiene, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development. We were told that training was monitored to ensure that all staff completed the training requirements of Bupa which included health and safety, manual handling, infection prevention and control, sharps and basic life support. Computerised systems identified training undertaken and required

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including dates for renewal. Staff received an email reminder that training was due three months before the expiry date to give them time to arrange for training to be completed.