

# S & L Cox Limited

# Southam Dental

## Inspection Report

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## Overall summary

We carried out this announced inspection on 29 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

### Background

Southam Dental is in Southam a small market town and civil parish in the Stratford-on-Avon district of Warwickshire and provides predominantly private treatment with a small NHS provision to adults and children.

There is ramped access for people who use wheelchairs and those with pushchairs through a side entrance into the building. Car parking spaces, including several for blue badge holders, are available in the free car park near the practice.

# Summary of findings

The dental team includes two dentists, one dental nurse, two trainee dental nurses, one dental hygienist, one receptionist and the practice manager who is also a qualified dental nurse. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Southam Dental is the principal dentist.

On the day of inspection, we collected 15 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, one dental nurse, one dental hygienist, 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 to Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4.30pm.

One Saturday a month by appointment from 9.15am to 12.30pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. The compressor servicing was last completed in January 2018 and had lapsed. We were advised that it had been scheduled for completion on 11 June 2019.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details and flow charts were displayed in the staff room.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients could access treatment and urgent care when required. The practice offered extended hours appointments opening early Monday to Friday from 8.30am. Saturday appointments were also available once a month for patients preferring not to attend during the week.
- The provider had effective leadership and culture of continuous improvement. In-house training in basic life support, two external training days per year and online core training were provided by the principal dentist.
- Staff felt involved and supported and worked well 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 suitable information governance arrangements.

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

- Review the practice's systems for checking and monitoring premises maintenance taking into account relevant guidance and ensure that all services are well maintained. In particular ensuring that the compressor is serviced within relevant timeframes.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks. We noted that the practice had not received any references for one newly recruited staff member. These were requested by the practice following the inspection.

Premises and equipment were clean and properly maintained. The compressor servicing was last completed in January 2018 and had lapsed. We were shown evidence that it had been scheduled for completion on 11 June 2019.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

At the time of our inspection there was scope to review the practice's waste handling protocols to ensure waste was stored securely prior to disposal in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01. This was immediately rectified by the practice manager.

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

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as first class, exceptional and painless. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

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

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online service was used to ensure that all NHS referrals were monitored and tracked appropriately.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. In-house training in basic life support, two external training days per year and online core training were provided by the principal dentist. In addition to this the practice manager and one dental nurse had completed qualifications in dental radiography, impression taking, oral health education and sedation nursing to enhance patient care.

No action



# Summary of findings

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

## Are services caring?

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

We received feedback about the practice from 15 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very professional, caring and very accommodating.

Patients commented that they received good communication during treatment and everything was explained thoroughly by staff. They said their dentist listened to them and was always friendly and supportive. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

One patient commented that both the dentist and dental nurse were kind and caring to them during a tooth extraction appointment. They told us the dentist took his time, explained everything in detail and made the whole experience as painless as possible.

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

No action



## Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. The practice offered extended hours appointments opening early Monday to Friday from 8.30am. Saturday appointments were also available once a month for patients preferring not to attend during the week.

Patients could get an appointment quickly if in pain. One patient commented that the practice was professional and prompt to take care of their emergency requirements. Another patient advised us that they were not a patient of the practice however they had received emergency treatment here which was a great service and they would happily recommend.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. There was ramped access available at the side of the building in to the rear entrance. The practice had access to 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. Feedback from patients was displayed in the waiting room and on the practice's website.

No action



## Are services well-led?

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

No action



# Summary of findings

Effective leadership was provided by the principal dentist and the practice manager. Staff felt supported by both of them and told us they felt confident to raise any concerns.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. The practice team had monthly staff meetings and peer reviews to share updates and information.

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

The practice's mission statement included a promise to provide a high standard of dental care in a relaxed and friendly environment.

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

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

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

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

The dentists referred patients to a specialist if they required root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice mostly followed their recruitment procedure. We noted that the practice had not received any references for one newly recruited staff member. These were requested following the inspection.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover which was provided by the principal dentist.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. However, the compressor servicing was last completed in January 2018 and had lapsed. We were shown evidence that it had been scheduled for completion on 11 June 2019.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Fire drills were completed every six months, this was last completed in March 2019 and showed that staff evacuated the building in line with the fire policy and procedure.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The latest audit completed in March 2019 required no actions to be completed.

Clinical staff completed continuing professional development in respect of dental radiography. The practice manager had completed a post graduate qualification in radiography.

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

### **Risks to patients**

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

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

# 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. A risk assessment had been completed for a new member of staff whilst awaiting their immunity status.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support with airway management every year. The visiting sedationist had completed immediate life support annually.

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

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A copy of the GDC Standards was displayed in the waiting room to ensure all patients knew what they should expect.

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

The practice occasionally used locum and 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in August 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected, and patients confirmed this was usual.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we found that the waste bin was not lockable. The practice manager contacted the waste company on the day of our inspection and arranged immediate delivery of an appropriate lockable bin.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in November 2018 showed the practice was meeting the required standards.

## Information to deliver safe care and treatment

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

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

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

## Safe and appropriate use of medicines

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

# Are services safe?

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

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

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

Antimicrobial prescribing audits were carried out annually. The most recent audit completed in January 2019 demonstrated the dentists were following current guidelines.

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

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 24 months there had been 11 incidents recorded. The incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

The practice had access to digital X-rays to enhance the delivery of care.

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

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

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. They routinely referred patients to their dental hygienist through a clear care pathway.

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

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

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

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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 may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

### **Monitoring care and treatment**

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

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

A visiting specialist carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

# Are services effective?

(for example, treatment is effective)

The practice's systems included checks on patients before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. One of the dental nurses carried out treatment care coordinator duties and supported patients throughout the course of their implant treatment. The practice manager and one of the dental nurses had extended duties which included radiography, impression taking, sedation nursing and oral hygiene instruction to enhance patient support.

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

Staff discussed their training needs at annual appraisals and during peer review meetings. In-house training in basic life support, two external training days per year and online core training were provided by the principal dentist.

We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The dental hygienist attended a course outlining the GDC requirement changes in regard to personal development plans and relayed this training to all team members to support them with the changes.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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

The practice monitored all referrals through an online referral system to make sure they were dealt with promptly.

The practice was a referral clinic for implant procedures and they monitored and ensured the principal dentist was aware of all incoming referrals daily.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were very professional, caring and very accommodating.

Patients commented that they received good communication during treatment and everything was explained thoroughly. They said their dentist listened to them and was always friendly and supportive. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

One patient commented that both the dentist and dental nurse were kind and caring to them during a tooth extraction. They told us the dentist took his time, explained everything in detail and made the whole experience as painless as possible.

We saw that staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

An information board, patient survey results 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 limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff

would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

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

Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

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

# 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 shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, patients living with dementia and patients with long-term medical conditions. Longer appointments would be scheduled at the end or beginning of a session for any patients that were particularly anxious.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included ramped access, a magnifying glass and an accessible toilet with hand rails. The practice did not have a hearing loop to assist those patients who wore a hearing aid.

A disability access audit had been completed in November 2018 and an action plan formulated to continually improve access for patients. The practice manager advised that they had implemented additional hand rails as a result of the audit and were in the process of purchasing an assistance dog water bowl and a hearing loop.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

All patients that had consented were reminded of appointments two working days before by either text message or email. Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice offered extended hours appointments opening early Monday to Friday from 8.30am. Saturday appointments were also available once a month for patients preferring not to attend during the week.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with some other local practices for private patients and signposted NHS patients to NHS 111 out of hours' service. One patient commented that the practice was professional and prompt to take care of their emergency requirements. Another patient advised us that they were not a patient of the practice however they had received emergency treatment here which was a great service and they would happily recommend.

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

### Listening and learning from concerns and complaints

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

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

The practice manager had not received any complaints since they had been in post but told us that they aimed to settle complaints in-house and they would invite 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.

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

# Are services well-led?

## Our findings

### Leadership capacity and capability

Effective leadership was provided by the principal dentist and the practice manager. Staff felt supported by both of them and told us they felt confident to raise any concerns.

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. Leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The principal dentist had annual refurbishment plans in place for the premises which included repainting the interior of the building, new signage and new flooring.

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 If applicable

There was a clear vision and set of values. The practice's mission statement included a promise to provide a high standard of dental care in a relaxed and friendly environment.

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.

### Culture

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

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

The practice focused on the needs of patients.

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

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

Staff told us they felt comfortable to raise concerns and were actively 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 on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Engagement with patients, the public, staff and external partners

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

The practice used patient surveys, online feedback, comment cards and verbal comments to obtain patients' views about the service.

# Are services well-led?

Online patient feedback results from January 2019 to May 2019 scored 98% satisfaction and comments left by patients were extremely positive. Comments included: 'Excellent dental practice. Everyone is committed to ensuring you look after your teeth to prevent dental problems. The dental professionals are exceptional, and the quality of their work is apparent. I actually look forward to going to the dentist', 'first class, caring and unhurried' and 'I have complete confidence in the team'.

Patients were encouraged to complete the NHS Friends and Family Test (FFT) through the online feedback. This is a national programme to allow patients to provide feedback on NHS services they have used. The results for January 2019 to May 2019 showed that of the 69 respondents 100% of patients would recommend this practice to friends and family.

The practice gathered feedback from staff through meetings, surveys, peer reviews, 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**

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, hand hygiene, prescribing 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.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.