

Dr Darren Dalby

# Hagley Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 9 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

#### **Our findings were:**

##### **Are services safe?**

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

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

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

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

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

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

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

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

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

#### **Background**

Hagley Dental Practice is located in Hagley near Stourbridge and provides predominantly private treatment with a small NHS provision to adults and children.

The practice is on the ground floor of a commercial building which is accessed by a small step. There is a low level assistance bell on the front door should wheelchair users and those with pushchairs require the portable ramp. Car parking spaces, including two for blue badge holders, are available near the practice.

# Summary of findings

The dental team includes two dentists, six dental nurses (four of whom also work as receptionists), two dental hygienists and a practice manager. The practice has two 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 50 CQC comment cards filled in by patients and looked at patient satisfaction survey results. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, one dental hygienist 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: 8am to 12pm and 1pm to 4pm

Tuesday: 8.30am to 1pm and 2pm to 5.30pm

Wednesday: 8.30am to 1pm and 2pm to 5.30pm

Thursday: 9am to 1pm and 2pm to 7pm

Friday: 8am to 2pm

## **Our key findings were:**

- We found that the practice ethos was to provide high quality dental care in a warm, caring and professional manner that staff would extend to their own family members.
- The practice had effective leadership and culture of continuous improvement. Staff told us that they felt supported and enjoyed working at the practice.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance, with the exception of completing infection control audits on a six monthly basis. We found there was a nine month gap between the most recent two audits. This was discussed with the practice manager who advised us that these would be completed every six months.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of one medicine which was not

stored in line with the manufacturer's guidance. This had caused the medicine to expire; a replacement was immediately ordered by the practice manager and was delivered the day after our inspection.

- The practice had systems to help them manage risk. The practice completed their own legionella risk assessment in August 2016 and had scheduled an external company to complete a legionella risk assessment two days after our inspection, following a recent change in the premises. We found the practice had not completed a five year fixed wire test.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Patients could access treatment and urgent and emergency care when required.
- The practice asked staff and patients for feedback about the services they provided. Results and improvements from this feedback were shared with patients and staff.
- The practice had received a low number of complaints which were dealt with positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's protocols to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular ensuring five yearly fixed wire testing is completed.

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### **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. We found the practice had not completed a five year fixed wire test.

They used learning from incidents and complaints to help them improve. We found that these were standing agenda items at practice meetings and all incidents and complaints no matter how small were logged and discussed to share learning.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

The practice held NHS prescriptions, documented in the patients clinical care records and on a separate log the prescription number when issued and stored them securely. We found that prescriptions were not logged prior to being issued. This prevented the practice from being able to track all prescriptions and audit them. Following our inspection the practice created a prescription tracking log to rectify this.

Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We found that infection control audits were not completed every six months in line with recognised guidance. There was a nine month gap between the most recent two audits. This was discussed with the practice manager who advised us that these would be completed every six months.

The practice had suitable arrangements for dealing with medical and other emergencies. Appropriate medicines and life-saving equipment were available with the exception of one medicine which was not stored in line with the manufacturer's guidance. This had caused the medicine to expire; a replacement was immediately ordered by the practice manager and was delivered the day after our inspection.

**No action**



### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and children were always put at ease. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

**No action**



# Summary of findings

The practice accepted referrals for dental implant treatments and orthodontic treatments. We found that the practice had not completed an audit to ascertain the success rate of these. An audit was completed and sent to us the following day showing that the success rate of 62 implants was 97%.

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

The staff had been involved in quality improvement initiatives such as the child friendly accreditation scheme as part of its approach in providing high quality care. As a result of this initiative a child friendly risk assessment was completed and improvements to the premises were made.

The practice was dedicated supporting a diverse range of local community groups by providing preventive oral hygiene advice. Practice dental nurses visited local playgroups and cub groups were invited to the practice to raise oral health education awareness. In addition to this, the practice manager and one of the dental nurses also visited local community learning group where the group leader was teaching English to adults whose first language was not English.

## **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 50 people. Patients were positive about all aspects of the service the practice provided. They told us staff were truly fantastic, very approachable and very caring. We were told that the care and treatment received at this practice was second to none and the team always had the patient's best interests at heart.

They said that their dentist listened to them, gave them a thorough examination and always discussed their treatment needs in an appropriate language at the right level for adults or children. Patients commented that they made them and their children feel at ease, especially when they were anxious about visiting the dentist. Patients consistently commented that they trusted their dentist and would not want to be seen anywhere else.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff always treated them with the utmost dignity and respect and that nothing was too much trouble.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening early Monday and Friday from 8am and late on Thursday until 7pm.

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

No action



# Summary of findings

The practice manager attended a dementia friendly course to improve their understanding and help support patients living with dementia.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice undertook patient satisfaction surveys and orthodontic satisfaction surveys on a regular basis to seek patient feedback and displayed the results in the waiting room. In addition to this the practice completed a disability access questionnaire to seek the views of their patients in relation to practice accessibility.

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

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

**No action** 

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

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

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

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where a patient refused to use rubber dam we were advised that the dentists would not proceed with treatment and would record this in the patients dental care record.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. Copies of this were held off site by both of the dentists and the practice manager.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at seven staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Portable appliance testing was carried out annually; this was last completed in March 2018. Five year fixed wire testing had not been completed.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. The team carried out fire drills regularly; this was last completed in August 2017.

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

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. We noted that the radiography audits did not include panoramic X-rays. We were advised the practice only took a small number of these but would amend their audit tool to include in the future.

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

### **Risks to patients**

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

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in the staff room.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic

# Are services safe?

life support (BLS) every year. This was last completed in November 2017. The practice also carried out medical emergency scenarios to ensure staff felt comfortable dealing with different types of medical emergencies. The most recent medical emergency scenario training completed in April 2018 was in relation to anaphylaxis.

Emergency equipment and medicines were available as described in recognised guidance, with the exception of one medicine which was not stored in line with the manufacturer's guidance. This had caused the medicine to expire; a replacement was immediately ordered by the practice manager and was delivered the day after our inspection. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed by the practice in August 2016. All recommendations had been actioned and records of water testing and dental unit water line management were in place. Due to recently installing a new decontamination room the practice manager had scheduled an external company to complete a legionella risk assessment two days after our inspection.

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

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

The practice did not carry out infection prevention and control audits every six months in line with HTM01-05. There was a nine month gap between the most recent two audits. The latest audit undertaken in January 2018 showed the practice was meeting the required standards. We were advised that these audits would be undertaken every six months in the future.

## **Information to deliver safe care and treatment**

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

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

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

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

The practice held NHS prescriptions, documented in the patients clinical care records and on a separate log the prescription number when issued and stored them securely. We found that prescriptions were not logged prior to being issued. This prevented the practice from being able to track all prescriptions and audit them. Following our inspection the practice created a prescription tracking log to rectify this.

# Are services safe?

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

## **Track record on safety**

The practice had a good safety record.

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

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

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework. This helped the practice understand risks and gave a clear, accurate and current picture that led to safety improvements.

There were systems for reviewing and investigating when things went wrong. In the previous 12 months the practice recorded 22 incidents. The practice learned, shared lessons and identified themes from incidents through discussion at staff meetings. This resulted in action being taken to improve safety in the practice.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

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

The practice offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. We found that the practice had not completed an audit to ascertain the success rate of the dental implants which had been placed. An audit was completed and sent to us the following day showing that the success rate of 62 implants was 97%.

One of the dentists provided NHS and private orthodontic treatment to patients of all ages. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment. The dentist worked with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patient's orthodontic treatment.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'child friendly' certification scheme. As a result of this initiative a child friendly risk assessment was completed and improvements to the premises were made.

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

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

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

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

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

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

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

The practice was dedicated supporting a diverse range of local community groups by providing preventive oral hygiene advice. Practice dental nurses visited local playgroups to encourage toddlers to brush their teeth by singing tooth brushing songs for two minutes. This emphasized the time that children should be brushing their teeth for. They also played games with the toddlers such as sorting out grumpy and happy foods to raise sugar awareness. Local cub groups visited the practice and the team educated the children in tooth brushing techniques and delivered healthy eating advice.

In addition to this, the practice manager and one of the dental nurses also visited local community learning group where the group leader was teaching English to adults whose first language was not English. The dental team gave an oral health education presentation, demonstrated the importance of children regularly visiting the dentist and gave details of local NHS practices accepting patients.

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

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

# Are services effective?

(for example, treatment is effective)

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

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

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

## **Monitoring care and treatment**

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

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

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager was also a qualified dental nurse, trained in orthodontic nursing and radiography. One of the nurses was qualified to take dental impressions and all of the nurses were trained to work on reception.

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

Staff told us they discussed training needs at annual appraisals and staff meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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

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

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. Patients were offered a copy of their referral letter and all referrals were logged and monitored to ensure they were dealt with promptly.

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

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

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

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were truly fantastic, very approachable and very caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Due to having long standing staff members the team knew their patients well and understood and were able to support patient's individual needs. We were told that the care and treatment received at this practice was second to none and the team always had the patient's best interests at heart.

Comments received from patients said that their dentist listened to them, gave them a thorough examination and always discussed their treatment needs in an appropriate language at the right level for adults or children. We were told that the dentists made them and their children feel at ease, especially when they were anxious about visiting the dentist. Patients consistently commented that they trusted their dentist and would not want to be seen anywhere else.

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

Information folders, 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, had all read the confidentiality policy and signed a confidentiality agreement. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a

patient asked for more privacy they would take them into another room. 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 be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We were informed that to date the practice had not needed to use this service.
- Staff communicated with patients in a way that they could understand, for example, 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. 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, information folder 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, X-ray images and use of the 'show, tell, do' technique to enhance patient understanding.

# 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 attended a dementia friendly course to improve their understanding and help support patients living with dementia.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that some patients had difficulty reading the medical history forms; the practice manager would take these patients into her office to protect their privacy and help them to complete the forms.

The practice had made reasonable adjustments where possible for patients with disabilities. These included a low level assistance bell on the front door, a hearing loop, a magnifying sheet and ground floor treatment rooms. There was a step from the waiting room to the dental treatment rooms which limited the access for wheelchair and pushchair users. We were informed there was a portable ramp but most patients preferred to be assisted up the step by their dentist. Extended appointments were given to wheelchair users to ensure they did not feel rushed. The patient toilet would accommodate a mobility aid but the door was not wide enough to allow wheelchair access, patients were advised of this by the reception team when they joined the practice.

A Disability Access audit had been completed in August 2016 and an action plan formulated in order to continually improve access for patients. As a result of this the practice installed a low level assistance bell on the front door. The practice completed a disability access questionnaire to seek the views of their patients in relation to practice accessibility.

Staff told us that patients were given email reminders 48 hours prior to their appointment. They also called taxis for patients and escorted patients across the main road outside the practice.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice offered extended hours appointments opening early Monday and Friday from 8am and late on Thursday until 7pm.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day and zoned appointment diaries to ensure several appointments were free for same day appointments. Patients told us they 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.

They took part in an emergency on-call arrangement for private patients with other practices linked to the same patient insurance group. The practice signposted NHS patients to the NHS 111 out of hour's service.

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

### Listening and learning from concerns and complaints

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

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

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

We looked at comments, compliments and complaints the practice received within the past 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

### Leadership capacity and capability

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

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice had recently installed a decontamination room and had future plans to extend their computer systems into the treatment rooms.

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

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

### Vision and strategy

There was a clear vision and set of values. The practice mission statement focussed on providing high quality dental treatment in the same warm, caring and professional manner they would extend to their own family. This was displayed in the waiting room and staff room.

### 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.

The practice manager advised that they had processes to act on staff member's behaviour and performance if it was inconsistent with the vision and values. These procedures had not needed to be implemented.

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

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

### Governance and management

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

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. These were reviewed on a regular basis and discussed at team meetings to ensure they were embedded.

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

### Appropriate and accurate information

The practice acted on appropriate and accurate information. At the time of our inspection, the practice manager was working through practice and patient documents to update in line with the new General Data Protection Requirements (GDPR).

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 and staff to support high-quality sustainable services.

The practice used patient surveys, patient questionnaires and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the answerphone messages were changed as a result of patient feedback.

The practice regularly completed their own patient satisfaction surveys to seek feedback and gather possible improvement ideas from patients. They collated results for the most recent survey which was completed in April 2018 which they were in the process of analysing. In addition to this the practice also completed orthodontic patient satisfaction surveys. The results from February and March

## Are services well-led?

showed that of the 50 respondents 100% of patients felt that the dental team treated them with respect and 98% of patients said that treatment was explained in a way that they understood. The patient that constituted the remaining 2% had commented that they did not know whether treatment was explained in a way that they understood.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results from April 2018 where 97% of respondents would recommend this practice to friends and family. Comments on the cards included 'always helpful and friendly' and 'relaxing dentist put us at ease'.

The practice gathered feedback from staff through meetings 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 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 including the dentists had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

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