Rodericks Dental Limited

Cottam & Cottam Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 24 April 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

Cottam and Cottam Dental Practice is in Harborne and provides NHS and private treatment to adults and children. The practice is part of Rodericks Dental Limited, a large corporate group which had a support centre located in Northampton where support teams including

Summary of findings

human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

The services at this location are provided under two Care Quality Commission registered providers who operate through the same parent organisation (Rodericks Dental Limited). This report only relates to the provision of general dental care provided by Cottam and Cottam Dental Practice (Rodericks Dental Limited). An additional report is available in respect of the general dental care services which are registered under Cottam and Cottam Dental Practice.

There is ramped access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes nine dentists, four dental nurses, three dental hygienists two receptionists, who are also registered dental nurses, and a practice manager. The practice has four treatment rooms.

The practice is owned by an organisation 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 Cottam and Cottam dental practice is the practice manager.

On the day of inspection we received feedback from eleven patients.

During the inspection we spoke with one dentist, one dental nurse, one receptionist, the practice manager and a compliance manager employed by Rodericks Dental Limited. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 8am to 5.30pm, Tuesday to Thursday from 8am to 6pm, Friday from 8am to 3pm and Saturday from 9am to 12pm and from 1pm to 6pm.

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. Checks were in place to make sure these were within their expiry date.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures. Support was provided by staff at head office.
- 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. Reception staff were helpful and accommodating.
- The provider had effective leadership and culture of continuous improvement. Support was provided when needed by management staff at head office.
- Staff felt involved and supported and worked well as a team. Staff said that they were proud to work at the practice.
- 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 protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's protocols to ensure audits of radiography are undertaken at regular intervals to

Summary of findings

improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They had systems in place to use information 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. Human resource staff at the head office assisted with recruitment processes.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and the best. The dentists discussed treatment with patients so they could give informed consent, this was not recorded in all of the patient records seen.

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

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. A structured training program was in place for staff to develop and expand upon their existing skillset and knowledge.

Are services caring?

No action

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

We received feedback about the practice from eleven people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, efficient and caring.

They said that they were given detailed, helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. We were told that the dentists were very reassuring.

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

Summary of findings

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. Patients told us that the practice fitted them in quickly when they were in dental pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. 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.

Are services well-led?

No action

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 or typed and stored securely.

Staff from head office and the practice manager 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. The practice manager held the lead role for safeguarding. Staff confirmed that this would be the person they spoke with if they had any safeguarding queries or concerns. We saw evidence that staff received safeguarding training to an appropriate level within the last three years. Safeguarding was a regular topic for discussion during staff meetings. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC and other authorities involved in the investigation of safeguarding concerns. Guidance information regarding safeguarding was on display in the staff room. Contact details for the local safeguarding teams were also available for staff. Information for patients regarding safeguarding was included in the patient information folders available in the waiting rooms. Contact details for ChildLine were on display in the patient toilet.

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 had a whistleblowing policy which was available to staff in paper format and on the practice computer. Contact details were available for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. These were reviewed regularly to ensure they were up to date. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. Patients could attend three local dental practices owned by Rodericks dental if this practice was closed due to an emergency.

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. Any new staff would be employed by the Human Resources department at Rodericks dental with input from the practice manager at Cottam and Cottam. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure. The practice had a low staff turnover with most staff having worked at the practice for over five years.

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 and gas appliances. We saw a gas safety certificate dated February 2019 and noted that a five-year fixed wiring check had been completed in 2016. Portable electrical appliances were due for re-testing in May 2019.

Daily checks were made on fire exits, extinguishers and emergency lighting and a log was kept of these checks. A weekly fire equipment test log demonstrated that fire detection equipment, such as smoke detectors and emergency lighting were regularly tested. Certificates were also available to demonstrate that fire alarms were serviced in December 2018, fire extinguishers and emergency lighting in June 2018. These were all within their service date. All staff had completed fire safety training and one staff member had completed additional training to become a fire marshal. The practice manager told us that they were scheduled to complete fire marshal training in the near future. We were told that fire drills were completed on a regular basis but staff were not keeping of log of these. The practice manager confirmed that these would be recorded in future.

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

Are services safe?

We saw evidence that some of the dentists justified, graded and reported on the radiographs they took. X-ray grading was not being recorded by all clinicians. Radiography audits were carried out every year following current guidance and legislation by two dentists who worked at the practice. There were no radiography audits for six of the dentists who worked at the practice.

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 reviewed regularly to help manage potential risk. We looked at risk assessments regarding fire, sharps, legionella and a practice risk assessment. An external company completed the fire risk assessment at the practice in January 2019, this was due for review in January 2020. Standardised risk assessment documentation was available for use as needed, for example regarding pregnant workers and young workers.

The practice had current employer's liability insurance. This was on display and was in date.

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. This risk assessment did not record details of all sharp objects in use at the practice. Following this inspection, we were sent a copy of a sharps risk assessment which had been updated as appropriate.

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 life support (BLS) every year. Certificates were available which demonstrated the date of the last training as October 2018. 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 hygienists when they treated patients in line with GDC Standards for the Dental Team. A sufficient number of staff were available to cover each other at times of annual leave or sick leave. Receptionists were dental nurses and would be able to assist at times of staff shortages if needed. The practice employed a cleaner who worked alone on the premises when the practice was closed. A lone worker risk assessment was available for this member of staff and mitigating actions had been implemented to reduce the risk of lone working.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Information regarding products in use were available on the practice's computer. All practices owned by Rodericks dental use the same products. Risk assessments and product safety data sheets were available for each product.

The practice occasionally used locum and/or agency staff. We noted that the practice had developed an induction check list. When agency staff worked at the practice they 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. The practice manager held the lead role for infection prevention and control and staff spoken with were aware of this. 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 was carried

Are services safe?

out by an external company in January 2019. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

An external company was used to provide cleaning services at the practice. All colour coded cleaning equipment was available and we saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. A waste pre-acceptance audit had been completed in June 2017. Consignment notes were available for any waste removed from the premises and clinical waste was securely stored.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards and achieved a score of 98%.

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.

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.

Track record on safety and Lessons learned and improvements

The practice had a good safety record. Information regarding reporting of accidents and reporting of injury, diseases, dangerous occurrence regulations was included in the health and safety policy.

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 12 months there had been no safety incidents. Systems were in place for reporting significant events. This included sending information to head office. A significant event reporting flow chart was available for staff. We discussed significant events at the practice. We noted one incident which had not been recorded as an event, there was therefore no documentary evidence of action taken or learning. We saw that this event was discussed at a staff meeting.

Staff and patient accidents were recorded on Rodericks reporting forms. Separate processes were available for minor or major incidents. All accidents were reported to the practice manager and details were forwarded to head office.

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. A bulletin sent to all practices companywide included learning from any incidents or events.

The practice learned from external safety events as well as patient and medicine safety alerts. There was a system for receiving and acting on safety alerts. These were initially received by head office and relevant alerts were forwarded to the practice. Once received at the practice these were sent to all dentists for information and were 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.

The practice had a small domiciliary contract but had not undertaken any domiciliary visits recently. The dentist who had previously completed domiciliary visits was not available on the day of inspection.

The practice offered dental implants. These were placed by a dentist at the practice who had undergone appropriate post-graduate training in this speciality. The practice were not using sterile gowns or sterile drapes for the patient and equipment. The practice did not have a separate motor for the surgical drill unit in use.

Patients were able to book appointments online via the practice website. The practice had access to digital X-rays which could be shown to patients 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. They were also a member of a 'good practice' certification scheme.

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 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 dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. There was no documentary evidence of this in all the patient dental care records that we saw. 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 dentist 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 dentist told us that they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Not all patient dental care records we saw demonstrated this. Written treatment plans with costs were given to all patients. Consent forms were given to patients who required more complex treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Staff showed a thorough understanding of the Mental Capacity Act and Gillick competence guidelines, and how it might impact on treatment decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Some of the clinical staff had completed training regarding the Mental Capacity Act.

Monitoring care and treatment

Not all the patient dental care records we saw contained information regarding basic periodontal examination, intra or extra-oral examination, diagnosis, treatment options or risk assessments regarding caries, periodontal disease or oral cancer. Following this inspection, we were told that the clinical advisor had been contacted and a visit arranged to discuss record keeping with the relevant dentists at the practice.

Are services effective?

(for example, treatment is effective)

Medical history forms were on yellow paper to help dyslexic patients complete the information. Large print versions were also available and staff said that they would assist patients to complete this document if required.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information. Issues for action were identified in the audits of some dentists. These audits were to be completed on a three-monthly basis to identify improvements.

An orthodontist visited the practice approximately once per month. The orthodontist was not working at the practice on the day of our inspection.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. This included both a corporate induction at head office and a local induction at the dental practice. 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. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Trainee dental nurses were given eight hours per week of dedicated study time. Staff told us that they were supported to complete continuous professional development (CPD) in work time. An additional dental nurse was on duty each day from Monday to Friday to enable staff to have study time. A CPD checklist was in place which recorded the mandatory training requirements of Rodericks' staff and the timescales for these. This was monitored by head office to ensure staff were up to date with their training.

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 to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any referral to an NHS service they had made.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Reception staff were helpful and friendly towards patients at the reception desk and over the telephone. Patients told us that reception staff were welcoming and efficient. We saw reception staff entering general conversation with patients whilst they were waiting to see the dentist.

Staff were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were excellent, friendly and caring. We saw that staff treated patients respectfully, and kind.

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. We were told that the dentist took their time and gave detailed, clear explanations and made them feel at ease.

A patient information folder was available in each waiting area for patients to read. This contained information such as data protection, complaints and safeguarding information, information sheets regarding periodontal disease, antibiotics, oral hygiene, fee lists and price information regarding items to purchase from reception.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. There was a ground floor and a first floor waiting area. 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 Standards and the requirements under the Equality Act.

- Interpretation services were available for patients who did not use English as a first language. We were also informed that a 'text to audio' service was available for patients with sight impairment.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

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. Costs of both private and NHS treatments were detailed on the practice website and were on display in waiting areas within the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos 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.

Staff described examples of patients who were anxious about visiting the dentist and the methods they used to try and reduce their anxiety. Pop up notes were put on patient records to alert the dentist that a patient was anxious Staff tried to ensure that these people were seen by the dentist as quickly as possible. We saw that staff chatted to patients to distract them whilst they waited to see the dentist. Patients were offered a drink of water and a sign was on display in the waiting area informing patients that water was available. We were told that longer appointments were offered to dental phobic patients as the dentist may need to take extra time reassuring the patient and explaining treatments. Patients could bring a friend or relative with them to appointments. Patients said that staff were kind and caring and made them feel at ease.

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

The practice had made reasonable adjustments for patients with disabilities. These included ramped access, an electrically operated push button entrance door, a hearing loop, reading glasses and a magnifying glass. There was one treatment room on the ground floor. We were told that dentists would accommodate patient's needs and see them in this room if they were unable to access stairs.

The practice did not have an accessible toilet with hand rails and a call bell as the patient toilet was located on the first floor of the building.

Patients who had given authorisation were sent a text message reminder of their appointment. Staff also gave a courtesy call to patients following any extraction or lengthy dental treatment and to those who were extremely anxious about visiting the dentist.

Costs of treatment were on display in the waiting room and were available on the practice website. Staff said that all costs were clearly explained and recorded in patient's treatment plans.

Timely access to services

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 could access care and treatment from the practice within an acceptable timescale for their needs. Patients were able to book appointments through the practice website. Reception staff were accommodating and tried to ensure appointments were booked at a time that suited the patient. Reception staff offered a range of appointment options in order to meet patient needs. Patients who requested an urgent appointment were seen the same day wherever possible. All patients in dental pain where seen within 24 hours of contacting the practice. Patients were offered sit and wait appointments if there were no vacant appointment slots. 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. Staff said that appointments generally ran on time but they would tell patients if a dentist was running late. Patients told us that staff took their time and explained the treatment to them so that they understood what was going to happen.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service.

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 and gave details of

Are services responsive to people's needs?

(for example, to feedback?)

external organisations patients could contact with they were not happy with the response from the practice. The practice information folder available in each waiting room contained a copy of the complaint policy, information regarding making a complaint was also detailed on the practice website and in their information leaflet.

The practice manager was responsible for dealing with complaints and support was provided by the complaint manager at head office. Details regarding any complaints received at the practice were forwarded to head office for review. Staff 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. 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 during 2019. These showed the practice responded to concerns appropriately Information regarding complaints including follow up information was kept in a complaint folder. We were told that verbal complaints would be recorded in patient notes and in the practice complaint log. We were told that complaints were discussed at staff meetings. The minutes of the staff meetings reviewed did not demonstrate that those complaints received during 2019 had been discussed.

Are services well-led?

Our findings

Leadership capacity and capability

We found leaders 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.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Support was provided to the practice manager if required from management staff at head office. A compliance manager was present during this inspection to assist practice staff with the inspection process.

Vision and strategy If applicable

There was a clear vision and set of values.

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. The practice aims and objectives included to provide a high-quality range of dental services to the whole community, to offer patients and friendly and professional service and to offer a preventative service.

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 majority of staff employed had worked at the practice for over five years.

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

Staff could raise concerns and were encouraged to do so. 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 practice manager 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. Clinical advisors were employed to provide advice and support to clinicians. 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. Generic policies had been developed by staff at head office and sent to all practices owned by Rodericks Dental Limited. These policies were regularly reviewed and updated as necessary.

There were clear and effective processes for managing risks, issues and performance. Practice meetings had previously been held on a quarterly basis but plans were in place to hold these monthly going forward.

Various procedures had been implemented to ensure systems were up to date. For example, a deliverables audit recorded dates when practice audits were to be completed by. The deliverables calendar records, for example, fire alarm and pressure vessel service dates. We were told that staff at head office monitor this and any items that have passed their expiry date or service date are flagged up to the practice manager.

A weekly bulletin was sent to each practice owned by Rodericks dental, this was used to share news, information regarding training days and provide details of any medicines safety alerts. The practice manager confirmed that the bulletin was informative and useful and was available to all staff at the practice.

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.

Are services well-led?

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 and verbal comments to obtain patients' views about the service. An annual satisfaction survey was given to patients regarding the service provided and individual dentists. Results were correlated by head office. The practice replied to both positive and negative comments recorded on the NHS Choices website. Most of comments recorded were positive.

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. We saw the responses received for 2019, positive feedback was recorded although very few responses had been received.

The practice gathered feedback from staff through meetings and informal discussions. Staff said that they were happy to speak out and encouraged to raise issues, concerns or make suggestions for improvement 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 manager attended quarterly practice manager conferences which included training, updates and helped to build support networks.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Only two staff had completed radiograph audits. The compliance manager told us that action would be taken to ensure these audits were all completed on a regular basis.

The practice manager 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. The practice manager conducted the appraisals of dental nurses and reception staff. The company's clinical advisor completed the appraisal of dentists. All dental nurses and reception staff recently had a supervision meeting with the practice manager. Staff have requested training to be able to complete additional roles, this has been facilitated by the practice.

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. Details of training courses available were on display in the staff kitchen. Staff told us that the providers were very supportive and enabled staff to complete additional training.