

Oasis Dental Care Limited

# Bupa - Coniston Way, Cannock

## Inspection Report

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## Overall summary

We carried out this announced inspection on 10 September 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**

Bupa – Coniston Way Dental practice is in Cannock, Staffordshire and provides NHS and private treatment to adults and children.

A fixed ramp provides access to the practice for people who use wheelchairs and those with pushchairs. Changes are planned to this to make it more user friendly. For example the ramp is being extended to reduce the

# Summary of findings

steepness. Car parking spaces are available at the front of the practice although there is no designated space for blue badge holders. Parking is also available on local roads and pay and display car parks near the practice.

The dental team includes seven dentists, seven dental nurses, one trainee dental nurse, two dental therapists and two receptionists (one of which is also a dental nurse), a cleaner 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 Bupa Coniston Way dental practice was the practice manager and was present throughout this inspection.

On the day of inspection, we collected three CQC comment cards filled in by patients and spoke with four other patients.

During the inspection we spoke with two dentists, three dental nurses, one dental therapist, two receptionists, one who was also a dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8am to 5pm and alternate Saturdays from 9am to 2pm. The practice has extended opening hours until 7pm on Thursdays for private patients.

## **Our key findings were:**

- The practice appeared clean, some maintenance issues were identified which were to be addressed during the planned refurbishment of the practice.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. An additional oxygen cylinder and mask was available to enable quick access to this equipment in an emergency.
- The practice had systems to help them manage risk. Risk assessments were reviewed and updated on an annual basis.
- The practice staff 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.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided. Changes were made if possible when suggestions for change were made by patients or staff.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements. Staff had undertaken training regarding information governance.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

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

Staff received training in safeguarding 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.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. A refurbishment of some areas of the practice was planned for September 2018. Works were to be undertaken whilst the practice was closed during the evenings and weekends so as not to disrupt appointments already booked.

The practice had suitable arrangements for dealing with medical and other emergencies. An additional oxygen cylinder and mask had been purchased following scenario training as staff felt that the layout of the premises may cause a delay in getting to this equipment.

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 professional, quality care and efficient. 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.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Bupa provided on-line training to staff and regular clinical updates to dentists.

No action



### 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 seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and efficient.

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.

No action



# Summary of findings

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

## **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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face 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.

**No action** 

## **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 or typed and stored securely.

The practice 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.

**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. Copies of the safeguarding flow chart were available in each dental treatment room and the staff kitchen. Staff told us that they would report any suspicions of abuse to the registered manager who held the lead role for safeguarding.

We saw evidence that staff received safeguarding training. Staff told us that they had read the practice's safeguarding policies and discussed safeguarding regularly during practice meetings to refresh their knowledge. An audit tool was used to ensure that staff were up to date with their safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. A notifications table was available to staff in the office. This gave information of the CQC notification process including what events were notifiable.

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 could report concerns to an external organisation if they did not wish to speak to someone within the organisation. Contact details for this organisation were on display for staff. Staff told us they felt confident they could raise concerns without fear of reprimand.

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

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the

normal running of the practice. A copy of this was kept off site by the registered manager and the head receptionist. We were told that staff at head office also had access to this information in case of emergency.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We saw that the agency had written to the practice confirming that they carried out recruitment checks on all of their staff including disclosure and barring service and GDC checks and had obtained evidence of their qualifications. The registered manager told us that the agency also emailed the practice with this information for the individual staff member when they worked at the practice. We looked at two 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 and gas appliances. We saw copies of gas safety certificates and fixed wiring test reports that had recently been conducted. Appropriate action had been taken to address any issues raised. Documentation was available to demonstrate that servicing and testing had been completed on equipment within the past twelve months.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested and serviced.

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. Discussions were held regarding the position of the isolation switch in one treatment room. The registered manager contacted the radiation protection advisor immediately following our inspection who confirmed that the position of the switch was satisfactory.

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 and action plans were available as required. Clinical staff completed continuing



## Are services safe?

professional development (CPD) in respect of dental radiography. The names of staff trained in radiography were listed on the local rules on display in each treatment room.

### 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. We were shown the practice risk assessment and saw that other risk assessments were available regarding slips, trips and falls, manual handling, and the car park. Risk assessments were completed by the registered manager and were reviewed on an annual basis. Support was available to the practice from a Health and safety manager based at head office if required.

The practice had current employer's liability insurance dated 1 November 2017.

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. Discussions were held regarding the sharps risk assessment as details of the equipment that could cause a sharps injury were not recorded. This risk assessment was amended and a copy sent to us immediately following this inspection.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Copies of training certificates were available to demonstrate training completed. The head nurse told us that scenario training also took place and changes had been made as a result of this training. An additional oxygen cylinder and mask set had been purchased to avoid delay in administration due to the layout of the building. Staff said that the scenario training had given them a greater appreciation of the importance of teamwork during a medical emergency.

Emergency equipment and medicines were available as described in recognised guidance. 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 dental therapists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Control of substances hazardous to health (COSHH) information was kept on file including copies of risk assessments and product safety data sheets. We were told that the registered manager and head dental nurse reviewed COSHH information monthly to ensure any changes in products used at the practice were identified and relevant information made available.

The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. The head dental nurse held the lead role for infection prevention and control. Regional meetings were held on a quarterly basis and infection prevention and control was discussed including any updates or changes to working practices.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We saw that the frequency of disposal of the heavy-duty gloves used during the decontamination process had been changed recently from weekly to every three weeks. Records were available to demonstrate this. The registered manager confirmed that weekly change of gloves would be reinstated. Following this inspection we received confirmation that these gloves would be changed on at least a weekly basis. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.



## Are services safe?

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. An external professional completed the most recent risk assessment in March 2017. The registered manager confirmed that another Legionella risk assessment would be completed following completion of the refurbishment of the practice which was due to commence in September 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place. The most recent water temperature log did not record the temperature of the sentinel tap. The head dental nurse confirmed that this was an error and the temperatures from these taps would be recorded monthly in future.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. A cleaner was employed by the practice who attended daily when the practice was open.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Discussions were held regarding issues identified with the security of clinical waste. The registered manager confirmed the proposed action to take place during the practice refurbishment which would address this issue.

The practice carried out infection prevention and control audits twice a year. The latest audit conducted in March 2018 showed the practice was meeting the required standards, action plans were available as appropriate.

### **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 General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

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 securely stored NHS prescriptions as described in current guidance. We noted that a log was not maintained of individual prescription numbers held; this presented a risk regarding the ability to identify if an individual prescription was taken. The registered manager confirmed that action would be taken immediately. Following this inspection, we were sent a copy of a prescription log.

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

### **Track record on safety**

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues.

The practice had processes to monitor and review accidents and incidents when they occurred. We looked at accident records and the associated documentation. This recorded detailed information regarding the event, action taken and any follow up action. 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. We saw evidence to demonstrate that accidents had been discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. Staff spoken with could recall details of recent accidents and discussions held regarding these.

### **Lessons learned and improvements**



## Are services safe?

Staff's understanding of the Serious Incident Framework, particularly relating to "near misses" required updating. Following this inspection, we were told that a staff meeting had been held and this had been discussed to update staff knowledge and understanding.

There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

Systems were in place 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 the 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. Patient selection and assessment and patient consent processes were robust and treatment delivered was recorded in detail in patient records.

### 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 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 patient information folder available in the waiting area had information for patients regarding local smoking cessation clinics and information about alcohol consumption, its effect on oral health and support services available.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist and dental therapist 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 staff had visited two nurseries this year to talk to children regarding oral hygiene. We were told that children were given goody bags, shown gloves and masks used during a dental check-up and given tooth brushing demonstrations. The registered manager confirmed that they were trying to organise a visit to a local school some time before the end of the year.

### Consent to care and treatment

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

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

The team understood their responsibilities under the Mental Capacity act when treating adults who may not be able to make informed decisions and Gillick competence, by which a child under the age of 16 years of age can consent for themselves.

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.



# Are services effective?

(for example, treatment is effective)

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, dental nurses had undertaken radiography training and some dental nurses had completed an impression taking course.

Staff new to the practice had a period of induction based on a structured induction programme. The newly employed dental therapist confirmed that they had received an in-depth induction to the practice. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. The intranet website provided by the company enabled staff to complete on line training. Clinical updates were sent to dentists by head office once per fortnight. Staff said that they were encouraged and assisted to complete training.

Staff told us they discussed training needs at appraisals. 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.

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 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 NHS referral they had made.



# 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 friendly, helpful and kind. We saw that staff treated patients in a caring, respectful manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they 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. One patient who was anxious about visiting the dentist said that staff chatted to them to try and put them at ease.

Information folders and patient survey results were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided 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 (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. Information was available in the patient information folder informing patients this service was available. Other languages were spoken by some of the practice staff, including Urdu, Hindi and Romanian.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Reception staff would help patients to complete forms if requested, reading glasses were available as were easy grip pens.

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. We were told that patients could go away and think about treatment options before making a decision. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

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



# 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 told us how they met the needs of patients with dementia, mental health problems and dental phobia. For example, arranging appointments at times when the practice waiting room was less busy such as the last or first appointment of the day.

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. Patients with mobility problems would be seen in the ground floor treatment room. Dentists who worked in the first-floor treatment room would move to the ground floor to see individual patients if requested.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, reading glasses and easy grip pens. A patient toilet facility was available but this was not suitable for wheelchair users. A section of the practice's fair and accessible care policy was available in the patient information folder. This detailed the features available for patients to help improve access. For example, large print medical history forms, ground floor treatment rooms and ramp access to the building.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients. A refurbishment of the practice was planned for September 2018 and improvements were to be made to the fixed ramp used to access the practice.

Staff told us that they sent reminders to patients by text, letter or phone call two days before their appointment was due.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice displayed its opening hours in the premises, and included it 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. Emergency appointment slots were available in the morning and afternoon for each of the dentists to enable patients with dental problems to be seen quickly. Reception staff booked these appointments for patients dependent upon need. We were told that they would speak with dentists if they had any queries or concerns regarding the urgency of the appointment. Patients told us they had enough time during their appointment and did not feel rushed. Reception staff told us that they always informed patients if the dentist was running late. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice operated a 'cancellation list', this enabled them to contact patients who had requested this service, to offer a short notice appointment which had become available due to a cancellation.

They took part in an emergency on-call arrangement with other local Bupa practices.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients requesting treatment outside of usual working hours were advised to contact NHS 111.

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 code of practice regarding complaints was available in the patient information folder in the waiting room.

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



## Are services responsive to people's needs? (for example, to feedback?)

response. Verbal complaints were recorded on patient records and formal written complaints were logged and details kept on a complaint file. The patient liaison team at head office provided support to practice staff and monitored complaints received.

The registered 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 since the new registered manager took over in February 2018. These showed the practice responded to concerns appropriately. The minutes of practice meetings demonstrated that outcomes of complaints were discussed with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Leadership capacity and capability

Leaders and dentists had the capacity and skills to deliver high-quality, sustainable care and 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 registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. We were told that support was available by staff from Bupa head office and regional offices. On the day of inspection, a registered manager from another Bupa dental practice was in attendance to provide additional support as required.

The organisation had effective processes to develop leadership capacity and skills, including planning for the future leadership of Bupa dental practices.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Some of the staff had worked at the practice for over ten years. We were told that staff worked well together as a team and there was a 'family atmosphere' at the practice.

The practice focused on the needs of patients.

Systems were in place to act on poor performance or behaviour inconsistent with the vision and values.

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. Dentists had contacted patients as appropriate to give full explanations and to offer an apology.

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 registered manager had overall responsibility for the management and day to day running of the service. The dentist who worked at the practice the most frequently had the responsibility for the clinical leadership of the practice.

Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

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

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Information was available to patients in the patient information folder regarding freedom of information, privacy and personal information, rights to access information and a copy of the privacy notice and cookie policy. Staff had completed annual training regarding information governance and had read the practice's policies and signed to confirm this.

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



## Are services well-led?

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. We saw examples of suggestions from patients the practice had acted on. For example, patients had requested that the practice open its doors five minutes earlier at lunchtime to enable patients who arrived early for their appointment to wait inside. Patients had requested information regarding the practice's cold sore policy so that they were aware when they could/could not see a dentist. A poster regarding this was put on display in the waiting room.

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 results of the FFT for March to August 2018. Positive results were received. The NHS Choices website records that 100% of patients would recommend this dental practice (five patients responded).

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Feedback from staff was also obtained on a regular basis. Staff told us that they could add items to the agenda for discussion at practice meetings. Reception staff told us that head office sent all staff a regular survey for completion. We saw that staff were emailed a questionnaire to complete on the day of inspection. The registered manager told us about changes that had taken place at the practice as requested by staff.

### 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 registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. A list of practice meeting dates was on display in the kitchen area. Staff told us that they could add items for discussion on the agenda or were able to discuss items during each practice meeting.

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

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.

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. A receptionist showed us the Bupa intranet – learning and development toolkit. We were told that staff could access this training at all times, training was also provided at monthly practice meetings and external training was provided as required.