

The Adams And Lee Dental Practice Ltd

Bupa - Binley Road, Coventry

Inspection Report

Gosford Lodge
Binley Road
Coventry
CV3 1JD

Tel: 02476 231814

Website: www.oasisdentalcare.co.uk

Date of inspection visit: 8 October 2018

Date of publication: 05/11/2018

Overall summary

We carried out this announced inspection on 8 October 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 - Binley Road is in Coventry and provides NHS and private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for blue badge holders, are available in the dedicated practice car park.

The dental team includes four dentists, four dental nurses, one dental hygienist, one receptionist and the practice manager. The practice has three treatment rooms.

Summary of findings

The practice is owned by a corporate company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at BUPA – Binley Road, Coventry is the practice manager.

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

During the inspection we spoke with two dentists, one dental nurse, one receptionist, the practice manager, the clinical support lead, the area manager and the regional operations director. 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 from 8am to 6.30pm

Wednesday from 8am to 5pm

Thursday from 8am to 5pm

Friday from 8am to 4pm

Alternate Saturdays from 9am to 2pm

Our key findings were:

- The practice was part of a large corporate group which had a support centre based in Bristol where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient liaison services were based. These teams supported and offered expert advice and updates to the practice when required.
- The practice appeared clean and well maintained. The practice used a contracted company to provide cleaning within the practice.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. The practice had access to support from a dedicated health and safety team based within the company's support centre.

- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures. The practice had access to support from a dedicated human resources and recruitment team based within the company's support centre.
- The clinical staff provided patients' care and treatment in line with current guidelines. New updates were shared with staff at practice meetings.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. The practice had three waiting rooms which were set aside from the reception desk which enhanced patient confidentiality.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Patients could access routine treatment and urgent and emergency care when required.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. There was an effective staffing structure which extended to senior management who were visible and supported the practice manager on the day of our visit by basing themselves at the practice.
- The practice asked staff and patients for feedback about the services they provided. Feedback from patients was displayed in the reception and on patient information folders in the waiting rooms.
- The provider dealt with complaints positively and efficiently. Learning was shared with staff and improvements were made as a result of complaints.
- The provider had suitable information governance arrangements.

There was an area where the provider could make improvements. They should:

- Review staff training to ensure that all of the staff had undergone relevant training in particular immediate life support for staff administering treatment for patients under sedation within the practice.

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. The practice had management tools to log all complaints and incidents so that they could be tracked and monitored by support staff within the support centre.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding flow charts with local authority contact details were displayed in the staff room and available in the safeguarding folder.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice held NHS prescriptions which were stored securely however they were not logged until issued and therefore could not be fully tracked and monitored. This was immediately rectified and copies of the comprehensive logs were sent to us.

Premises and equipment were clean and properly maintained. We found that the clinical waste bin had been damaged and was therefore not secure. This was removed and a new waste bin was in place within 48 hours of the inspection.

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

The practice mostly had suitable arrangements for dealing with medical and other emergencies. All staff had completed basic life support training however the practice were unable to provide in date immediate life support training certificates for four clinical team members that provided treatment to patients under sedation. We were advised that they were scheduled to complete this training in December 2018.

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, easy to access quickly and patient centred. 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.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions.

No action



Summary of findings

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local nurseries and schools. At the time of our visit the practice had recruited a dental nurse with an oral health education qualification with a view to facilitating this in the future. In addition to this staff attended University open days to advise students of treatments provided at the practice and to inform students of exemptions they may be entitled to due to being 18 and in full time education.

The practice worked closely with a local mental health hospital and facilitated appointment booking through a structured process to help reduce patient anxiety.

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 six people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, understanding and compassionate.

They said that everything was always explained fully, 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 saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. The practice had three waiting rooms which were set aside from the reception desk which enhanced patient confidentiality.

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.

Staff considered patients' different needs. This included providing facilities 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.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Feedback from patients was displayed in the reception and on patient information folders in the waiting rooms.

No action



Are services well-led?

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

The company had a support centre based in Bristol where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient liaison services were based. These teams supported and offered expert advice and updates to the practice when required.

No action



Summary of findings

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. This extended to senior management who were visible and supported the practice manager on the day of our visit by basing themselves at the practice.

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.

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. Safeguarding flow charts with local authority contact details were displayed in the staff room and available in the safeguarding folder.

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, which included contact details for Public Concern at Work, a charity which supports staff who have concerns they want to report about their workplace. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. The practice had access to support

from a dedicated human resources and recruitment team based within the company's support centre. 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 and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Staff had received fire safety training and there were two fire marshals within the practice. Fire drills were completed every six months, this was last completed in May 2018.

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.

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 had access to support from a dedicated health and safety team based within the company's support centre.

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 waiting 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. At the time of our visit we were

Are services safe?

informed that a more detailed sharps risk assessment was being developed by the health and safety team based in the support centre which would be rolled out to all practices within the next two months.

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 all staff completed training in emergency resuscitation and basic life support (BLS) every year. There were two dentists supported by two dental nurses who provided treatment to patients under sedation. At the time of our visit we were not shown any immediate life support training within the past 12 months for these team members. We were advised that they were scheduled to complete this training in December 2018.

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 the dental hygienist 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. The risk assessments were reviewed annually, this was last completed in April 2018, and updated as new items were purchased.

The practice occasionally used locum and/or 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.

There was a dedicated decontamination room which served all three dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to

reinforce this. 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 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 had been completed in February 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. We found that the clinical waste bin had been damaged and was therefore not secure. This was removed and a new waste bin was in place within 48 hours of the inspection.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in September 2018 showed the practice achieved 94% and therefore was meeting the required standards.

Information to deliver safe care and treatment

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

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

Are services safe?

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 which were stored securely however they were not logged until issued and therefore could not be fully tracked and monitored. This was immediately rectified and copies of the comprehensive logs were sent to us.

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 management tools to log all incidents so that they could be tracked and monitored by the health and safety team within the support centre. This

provided additional advice and support as required and helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident. The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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.

There were adequate systems for reviewing and investigating when things went wrong. Shared learning throughout the group would be facilitated through the company newsletter known as the 'weekly check-up' which was emailed to staff and also accessed through the company intranet. The practice learned and shared lessons identified themes and took action to improve safety in the practice. Accidents, incidents and significant events were a standing agenda item for staff meeting discussion.

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. Copies of relevant alerts were highlighted in the 'weekly check-up'.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice offered dental implants. These were placed by the 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.

Helping patients to live healthier lives

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local nurseries and schools. One of the dentists and a dental nurse regularly visited local nurseries and schools to educate children in tooth brushing techniques and deliver healthy eating advice. At the time of our visit the practice had recruited a dental nurse with an oral health education qualification with a view to facilitating this in the future. In addition to this staff attended University open days to advise students of treatments provided at the practice and also to inform students of exemptions they may be entitled to due to being 18 and in full time education.

The practice worked closely with a local mental health hospital and the two safeguarding leads within the practice facilitated appointment booking through a structured process to help reduce patient anxiety. The practice also provided oral health samples such as toothpaste and mouthwash to the hospital on a regular basis alongside goodie bags to ensure that patients had access to appropriate oral health care supplies.

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 based on an assessment of the risk of tooth decay.

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

The practice was aware of national oral health campaigns and local schemes available 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 to review their compliance 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.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions. All team members had received training in relation to Mental Capacity. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

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

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

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

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

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

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

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

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

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record. At the time of our visit we were not shown any immediate life support training within the past 12 months for team members providing sedation services. We were advised that they were scheduled to complete this training in December 2018 and all sedation services had been suspended until this had been completed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. There was a clear structure for the provision and monitoring of core topics / mandatory training for all staff. The learning and development team based in the support centre supported facilitating additional and specialised training where required.

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

Staff discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. 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 had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial 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. All outgoing and incoming referrals were logged on an electronic database.

The practice was a referral clinic for dental implants and procedures under sedation. 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 friendly, understanding and compassionate. We saw that staff treated patients respectfully 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.

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. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. 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 Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

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

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, communication aids, X-ray images and using the 'Tell, show, do' technique.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice manager shared examples of how the practice met the needs of more vulnerable members of society such as patients living with dementia, vulnerable groups in care homes and patients with mental health issues. There were structured processes in place to assess these patients' needs to facilitate care and ensure their needs were met.

Patients described high levels of satisfaction with the responsive service provided by the practice. Feedback on the comment cards advised that that patient needs were responded to with the right care and patients in pain were always seen quickly.

The practice, currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice manager had optical qualifications and advised that he would sit in a private waiting room with patients and support them to complete forms if they had visual impairments.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing induction loop, large print documents, a low-level area of the reception desk and a ground floor treatment room. The patient toilet was situated on the first floor and therefore was not wheelchair accessible, patients were informed of this when booking their first appointments at the practice.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Staff telephoned some older patients on the morning of their appointment to make sure they could get to the practice. All patients that had opted to receive text message or email appointment reminders were sent these two days before appointments. Patients with long appointments received a courtesy reminder call the day before their appointment.

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 in their information leaflet and on their website. The practice offered extended hours appointments opening early Monday to Friday from 8am and late on Tuesday to 6.30pm. Saturday appointments from 9am to 2pm were also available every other week for patients preferring not to attend during the week.

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

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

The practices' 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 and website explained how to make a complaint. A copy of the complaints procedure was available for patients to read in the waiting room.

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

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.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager logged all complaints on an electronic database and updated this with any actions, resolutions and shared learning within the practice. This database was monitored by the patient liaison team based in the support centre that were available to further advise and/or support the practice manager if required.

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 practice was part of a large corporate group which had a support centre based in Bristol where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient liaison services were based. These teams supported and offered expert advice and updates to the practice when required.

Leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders 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. There was an effective staffing structure which extended to senior management who were visible and supported the practice manager on the day of our visit by basing themselves at the practice.

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 BUPA Code was to care for patients over the long term, building trust and strong relationships to help people live longer, healthier, happier lives. The Code stated that it was a must read and must follow standard for all staff members. 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.

The practice focused on the needs of patients. We were shown a copy of the practice community outreach project which demonstrated that the practice was actively supporting various local nurseries, schools, universities and mental health hospitals.

Leaders and managers took effective action to do deal with poor performance. Additional expert advice and support was available from the human resources team based in the support centre if required.

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. The practice had a supporting policy in relation to duty of candour and this was embedded within the BUPA Code.

The BUPA Code encouraged staff to have the courage to challenge, speak up and raise concerns. Staff we spoke with told us that they had confidence any concerns raised 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. This was further supported by a clinical support lead. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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, staff surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on. For example, additional finance training was given at a practice meeting as some staff members were unsure of what products were available to patients.

The practice regularly used their own patient satisfaction surveys to seek feedback and gather possible improvement ideas from patients. They had collated the results from the most recent survey which was completed in September 2018. The results showed that 98% of patients felt involved in all decisions about their oral health care and 100% of patients felt that the quality of their dental treatment was good.

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 September 2018 showed 100% of patients would recommend this practice to friends and family.

The practice gathered feedback from staff through team meetings, one to one meetings and informal discussions. The senior management team gathered staff feedback

through dedicated conferences, one to one meetings and staff surveys. 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. There was a clear structure for the provision and monitoring of core topics / mandatory training for all staff. The learning and development team based in the support centre supported facilitating additional and specialised training where required.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, hand hygiene, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The employed staff team had annual appraisals, self-employed associates received monthly one to one meetings. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and one to one meetings in the staff folders.

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

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