

Hanover Dental Practice

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Inspection Report

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Overall summary

We carried out this announced inspection on 15 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

Hanover Dental Practice is in Newcastle Under Lyme and provides mainly NHS with some private treatment to adults and children.

A portable ramp is available to provide access to the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available in a long stay car park near the practice.

The dental team includes four dentists, six dental nurses (including four trainees), one dental hygienist, three receptionists, a practice manager and a general manager. The practice and general manager are also trained dental nurses. The practice has four treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

Summary of findings

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 Hanover Dental Practice is the senior partner.

On the day of inspection, we received feedback from 24 patients.

During the inspection we spoke with two dentists, two dental nurses, one receptionist, a trainee dental nurse who was working on reception, the practice manager and the general manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am to 4.30pm. The practice is closed for one-hour lunch each day).

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. The practice was using a standardised infection control policy. Following this inspection, we were sent a copy of the policy which was amended to reflect the needs of the practice.
- 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 provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures. Not all recruitment information for dentists employed was available on the premises.
- 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.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- Systems for recording and monitoring complaints could be improved. There was no system in place for monitoring verbal complaints made.
- The provider had suitable information governance arrangements.

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

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. Systems for learning from incidents could be improved. The practice was not recording all significant events; this would demonstrate that they were discussed with staff and action taken to address any issues.

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. Not all recruitment information for dentists was available at the practice.

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.

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

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 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, kind 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 saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. A portable ramp was available to enable those who used wheelchairs to access the practice. One of the treatment rooms was located on the ground floor. The patient toilet was on the first floor of the building, accessible by steps. The practice information leaflet alerted patients that the practice was unable to offer full access to disabled persons. The practice had access to telephone interpreter services but had not used these recently. Staff were aware of patients' individual communication needs and felt that these were met. The practice did not have a hearing loop but currently staff felt that this was not required.

The practice took patients views seriously. They valued compliments from patients. Information regarding verbal complaints was logged on patient notes but there was no evidence that the practice was monitoring these.

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. Staff told us that the practice manager was approachable and helpful.

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

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

No action



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. Separate contact details were available for the external agencies who were responsible for investigation of safeguarding concerns. The practice manager reviewed policies on a six-monthly basis and checked contact details to ensure these were up to date. The registered manager was the named lead for safeguarding at the practice. Staff were aware that they should report any suspicions of abuse to the registered manager and said that they would also speak with the practice manager. We saw evidence that staff received safeguarding training. Staff told us that they completed e-learning and had read the practice policies. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The general manager had recently undertaken training which included identification and reporting of modern-day slavery and female genital mutilation. We were told the practice's safeguarding policy would be updated to include information regarding this.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. Contact details for an external organisation to enable staff to report concerns if they did not wish to speak to someone connected with the practice, were available. These were reviewed on a six-monthly basis to ensure they were up to date.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. There was no copy of this document held off site. The general manager confirmed that this would be made available immediately. Following this inspection, we were told that the practice manager and business manager both held a copy of this document off site.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure. Not all recruitment information for the dentists who worked at the practice was available on site. We were told that the dentists had all either completed their foundation or vocational training at the practice. The registered manager held their recruitment information off site. We saw evidence of Disclosure and Barring Service (DBS) checks for staff apart from two newly employed trainee dental nurses. A risk assessment was in place for these staff until return of their DBS check.

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. Evidence was available to demonstrate that gas safety checks had been completed. An electrical installation initial visual condition report had been completed in December 2018. The practice had been in contact with an electrician to arrange a date for work to be completed to address issues identified in the electrical installation report and complete a five-year fixed wiring test. Following this inspection, we were sent a copy of email confirmation stating that work would commence on 4 May 2019.

Records were available to demonstrate that an external professional completed portable appliance testing of electrical equipment at the practice on an annual basis.

The general manager had completed a fire risk assessment in 2017 using a standardised health and safety executive template. This had been reviewed annually. This risk

Are services safe?

assessment required updating as it recorded that the practice had emergency lighting. The general manager confirmed that there was no emergency lighting at the practice and said that they would consider methods so that people could find their way out of the building if there was no power at the practice. Following this inspection, we were told that the general manager had contacted a number of fire safety specialists who confirmed that they were unable to install safety lighting within a Grade 2 Listed Building. We were sent photographic evidence to demonstrate that torches had been purchased. The torches were included in the weekly fire extinguishers and evacuation routes check and the fire risk assessment was amended.

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. A log was available which recorded all checks completed. This included checks of fire extinguishers, evacuation routes and smoke alarms. The practice completed fire drills on a regular basis. The last fire drill was completed in January 2019. Staff had signed documentation to demonstrate attendance.

The practice had suitable arrangements to ensure the safety of the X-ray equipment 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. The last audit completed was dated May 2018. This identified that dentists were meeting the required standards.

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 and a practice risk assessment. The practice had current employer's liability insurance.

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Information was outstanding for three staff members regarding the effectiveness of the vaccination. The practice had not implemented a risk assessment for these staff but confirmed that this would be completed immediately. Following this inspection, we were sent copies of the completed risk assessments.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. 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.

We discussed sepsis management and identified that sepsis management had not been discussed at a clinical meeting. Staff had not completed training regarding Sepsis. Posters were on display in each waiting room regarding sepsis. Following this inspection, we were sent copies of training certificates to demonstrate that four staff had completed this training.

A dental nurse worked with the dentists and the dental hygienist 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. The practice employed a cleaner who worked alone on the premises when the practice was closed. The practice's lone worker policy recorded that a risk assessment should be completed. We were told that the cleaner had a copy of an individualised evacuation policy but a risk assessment had not been completed. The practice manager confirmed that this would be done immediately.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Product safety data sheets were not available for all hazardous substances in use at the practice. The

Are services safe?

practice manager confirmed that these would be obtained immediately. Following this inspection, we were told that they were in the process of printing these documents and including them with the appropriate risk assessment.

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 was using a standardised policy which had not been adapted to meet the needs of the practice. The practice manager confirmed that this would be reviewed and amended. We looked in dental treatment rooms and noted a rip in the material of a dental stool in one room. This would make the stool difficult to clean maintaining infection prevention and control standards. We also saw some dental equipment, stored un-pouched in an unused dental treatment room. We were told that this would be sterilised and stored appropriately ready for use when required. Following this inspection, we were told that this equipment had been re-sterilised and pouched. We were sent a copy of a receipt to demonstrate that a new stool had been purchased. We were also sent a copy of the infection prevention and control policy which had been amended to reflect the needs of the practice.

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. Used dental equipment was cleaned and sterilised in a dedicated decontamination room. Paint was flaking off the walls in this room which would make walls difficult to clean. There was no evidence to demonstrate that heavy duty gloves were changed on a weekly basis or more regularly if required. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Following this inspection, we were sent a copy of the practice's amended infection prevention and control policy which recorded that heavy-duty gloves should be changed on a weekly basis.

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 completed in February 2019. All recommendations had been actioned and records of water testing and dental unit water line management were in place. The water temperature log recorded water temperatures that were below the required temperature for the hot water supply on most occasions. The practice manager confirmed that they would contact a plumber to increase boiler temperatures to address this issue. Following this inspection we were told that a plumber had visited the practice on 17 April 2019 and that water was now above the minimum temperatures required in the legionella risk assessment.

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 April 2019. Clinical waste was securely stored in a locked room.

The practice carried out infection prevention and control audits twice a year. The latest audit dated April 2019 showed the practice was meeting the required standards. We saw that electric fans were used in dental treatment rooms. The use of these fans would not allow an appropriate clean to dirty air flow in these rooms. This was not recorded in the infection prevention and control audit and there was no risk assessment regarding this. Following this inspection, we were told that these fans had been removed and were sent photographic evidence to demonstrate this.

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.

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 provider had systems for appropriate and safe handling of medicines although some improvements were required.

The practice did not store NHS prescriptions as described in current guidance. The practice manager confirmed that in the future these would be securely stored. Following this inspection, we were told that prescription pads were now being securely stored and all staff had been updated with the change of practice. Prescription logs were kept.

Antibiotics were prescribed by the visiting implantologist and a supply of antibiotics was available at the practice. There was no log of medicines received, available or administered including details of the name of the patient and date dispensed. Patient information leaflets were not available with the antibiotics and appropriate dispensing information was not marked on packaging. Following this inspection, we were sent a copy of a newly implemented antibiotics log.

The dentists were aware of current guidance with regards to prescribing medicines. The visiting implantologist was not working at the practice on the day of inspection.

Track record on safety and Lessons learned and improvements

Risk assessments were available in relation to safety issues. Some improvements were required to the systems in place to monitor and review incidents and for reviewing and investigating when things went wrong. The practice had accident records and had recorded two significant events. There was no evidence that one entry in the accident book had been recorded as a significant event. There was no documentary evidence of action taken, discussions with staff or learning following this event.

There was a system for receiving and acting on safety alerts. These were received by the general manager and the partners who owned the dental practice. A file was kept of relevant alerts which had been signed and dated by the practice manager to demonstrate that they had been reviewed and shared with the team and acted upon if required. 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

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 a visiting specialist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. Following this inspection, we were sent a copy of the most recent implant audit completed.

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 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 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 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.

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

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 and clinicians recorded the necessary information. The last audit was completed in October 2018 and showed evidence that all dentists were meeting the required standards set by the FGDP "Clinical Examination and Record Keeping".

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. Staff confirmed that they received support and assistance as needed during the induction process. Induction included reading policies and procedures, in-house training and shadowing another member of staff until they were confident and competent to carry out the duty unassisted. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Appraisals were initially completed on a six-monthly basis for staff new

Are services effective?

(for example, treatment is effective)

to the practice. Improvement plans were implemented as required and progress reviews held. Objectives and competencies were identified for the next six or twelve months. Staff confirmed that they received regular appraisal but could discuss training needs at any time.

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.

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

Patients commented positively that staff were polite, friendly and helpful. We saw that staff treated patients with kindness and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told that dentists took their time, gave clear explanations and were caring and professional.

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. There was a ground floor and first floor waiting area. Televisions played in both waiting areas. 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.

- Telephone interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand.

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

The practice's information leaflet provided patients with information about NHS 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 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. Each waiting room had magazines for patients to read and a selection of children's toys to keep them occupied while they waited to see the dentist. Televisions played in waiting rooms and dentists played the radio in treatment rooms.

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. This included staff chatting to them to distract them whilst they waited to see the dentist, playing the television in the waiting room and the radio in treatment rooms. Staff made every effort to ensure that the dentist could see anxious patients as soon as possible after they arrived. Patients could bring a friend or relative with them to appointments. We were told that some patients used stress balls to help alleviate their anxiety.

Patients described high levels of satisfaction with the responsive service provided by the practice. We were told that it was easy to get an appointment at a time that suited and that patients in dental pain were seen quickly. The practice was currently taking on new NHS patients.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice was situated within a listed building with planning restrictions which would need to be reviewed prior to any changes. There was no step free access to the building and a portable ramp was used to gain access to the rear of the premises. There was one treatment room on the ground floor but patient toilets were located on the first floor. Staff said that they helped and physically assisted patients that required support. The patient information leaflet informed patients that the practice did not offer full access for disabled patients.

The practice did not have a hearing loop or a magnifying glass. One receptionist said that they could communicate using basic sign language. We were told about other methods used to communicate with patients who had hearing difficulties. Staff would assist patients to complete documentation if they had visual difficulties.

Depending upon patient preference, text messages or phone call reminders were sent to remind patients of their appointment. Staff also gave a courtesy call to patients following any extraction or lengthy dental treatment.

Costs of treatment were on display in the waiting room. New patients to the practice were given information regarding costs. Staff said that all costs were clearly explained and recorded in patients' treatment plans.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Patients said that they could get an appointment when they needed one. Reception staff said that they were flexible and always tried to meet patient's needs. Reception staff were heard asking patients if they had a preference regarding appointment times and dates and offering a range of appointment options in order to meet patient needs.

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

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

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

The practice's 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 external organisations patients could contact if they were not happy with the response from the practice. The

Are services responsive to people's needs?

(for example, to feedback?)

practice information folder available in each waiting room contained a copy of the complaint policy and Healthwatch information regarding making a complaint. A copy of the complaint policy was also on display in each waiting room.

The practice manager was responsible for dealing with complaints. Reception staff were aware of this and said that they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person or over the telephone 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 and complaints the practice received within the last 12 months. Systems for recording complaints needed improvement. Details of verbal complaints received were recorded on patient dental care records. We were shown correspondence on file for written complaints. The practice was not keeping a log of verbal complaints and were not monitoring these. We were told that complaints would be discussed at practice meetings but were not shown evidence to demonstrate this.

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.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff were aware who held lead roles within the practice and said that these staff were approachable and helpful. Staff told us that leaders had an open-door policy and encouraged staff to speak out

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager was supported by a general manager.

Culture

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

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

The practice focused on the needs of patients and were accommodating and flexible when making appointments for patients

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 registered 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. 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 six-monthly basis.

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys and verbal comments to obtain patients' views about the service. There were 100 patient satisfaction surveys given out to patients in June 2018, 42 of these were completed and returned. Responses received were positive. We were told that the results of surveys were discussed with staff and made available to patients in the patient information folder available in each 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 looked at the responses for 2018 and 2019. The practice had received one or two responses for January, May, August, September and October 2018 and March 2019. All responses were positive with patients likely or extremely likely to recommend the practice.

The practice gathered feedback from staff through informal discussions. We were told that full practice meetings were held every six months. We saw the minutes of the meeting held in January 2019. We also saw minutes of separate meetings held with nurses in January and March 2018.

Are services well-led?

Staff said that they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We were told that the practice manager and general manager were approachable and helpful.

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 (October 2018), radiographs (May 2018) and infection prevention and control (April 2019). They had clear records of the results of these audits and the resulting action plans and improvements.

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

The receptionists and dental nurses had appraisals on at least an annual basis. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The registered manager corresponded with dentists regarding Dental Assurance Framework (DAF) figures. Dentists must review their progress with DAF information.

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.