

# Best Health Clinics Limited

# Best Health Clinic

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 17 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

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

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

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

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

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

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

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

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

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

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Best Health Clinics is in Hornchurch in the London Borough of Havering and provides private dental, doctor and travel medicines assessments and treatment to patients of all ages.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Best Health Clinic was the principal dentist.

On the day of inspection we received feedback from 31 dental patients and 15 who completed CQC comment cards. All the cards were positive and most commented on the friendliness, efficiency and the professionalism of the staff. Several mentioned that they would recommend the clinic to a friend.

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

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.

# Summary of findings

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved processes.
- Staff involved patients with their procedures and treated them with kindness, dignity and respect.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

# 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 service was providing safe care in accordance with the relevant regulations.

The clinic had clear and comprehensive policies and employed well trained and competent staff. Medicines and patient information were all securely stored and used, and there was a clear line of responsibility.

The practice was clean and tidy and there were clear processes for all risks, emergency scenarios or significant events. The practice followed national guidance for infection control including cleaning, sterilising and storing dental instruments.

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

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

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### **Are services effective?**

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

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.

The practice demonstrated that staff were up to date with all current safety alerts and recent travel health knowledge.

The Practice gave co-ordinated and tailored care and treatment and aimed for best practice and increasing levels of disease prevention activity.

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### **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 31 people who used the dental services and 15 people who used the doctors and travel medicines services. Patients were positive about all aspects of the service the practice provided. They told us staff were reassuring, friendly, and caring.

Patients said that they were given detailed information about their care and treatment. They said their dentist listened to them and helped them to understand the treatment provided. Patients commented that staff were understanding, especially when they were nervous or anxious about visiting the dentist. Patients attending for travel vaccinations were equally as complimentary in their comments about the efficiency of the reception staff, the full explanation of vaccines needed, and their potential side effects, and being treated with respect and dignity.

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

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### **Are services responsive to people's needs?**

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

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# Summary of findings

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The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients commented that they were always seen at a time that was convenient to them and that they rarely waited beyond their appointment time to be seen.

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

The practice took patients views seriously. They valued compliments from patients and had systems to respond to concerns and complaints quickly and constructively. No complaints had been received in the last 12 months but we saw clear and concise policies and leaflets should they be needed.

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

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

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

The practice had a competent and knowledgeable practice team and there was a clearly laid out vision for the practice. All staff were aware of the vision and were aware of the values and team ethos.

The practice team kept complete patient dental and medical 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.

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# Best Health Clinic

## Detailed findings

### Background to this inspection

Best Health Clinics is in Hornchurch in the London Borough of Havering and provides private dental, doctor and travel medicines assessments and treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in front of the practice.

The dental team includes the principal dentist, one associate dentist who provides endodontic treatments, one dental hygienist and one dental nurse. The medical team consists of a doctor who works at the practice as and when appointments are required and who also provides advice and support remotely, a pharmacist who is the practice manager and who provides travel advice and travel vaccinations. One receptionist supports the dental and medical team. The practice has two dental treatment rooms and one doctor surgery both of which are located on the ground floor.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Best Health Clinic was the principal dentist.

On the day of inspection we received feedback from 31 dental patients and 15 who completed CQC comment cards.

During the inspection we spoke with the principal dentist, the doctor, the practice manager, the dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 6pm on Mondays to Fridays. Early morning and late evening appointments were available as required; for example to treat dental emergencies.

The inspection took place over one day on the 17 May 2018. The inspection was led by a CQC inspector who was supported by a dental inspector, a specialist dental adviser and a specialist practice nurse adviser.

The provider sent information regarding the management of the clinic beforehand which was reviewed before the inspection. There were no concerns given to the Care Quality Commission from community groups, clients or other stakeholders before the inspection was undertaken.

On the day of the inspection the team interviewed staff, undertook observations in the clinic and reviewed documents.

To get to the heart of clients' 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 therefore formed the framework for the areas we looked at during the inspection.

# 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. The practice manager was the safeguarding lead and had responsibilities to oversee the practice policies and procedures. We saw evidence that staff received safeguarding training relevant to their roles and responsibilities. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and notification to the CQC.

There was a system to highlight vulnerable patients on records e.g people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure. Appropriate checks including evidence of skills and experience, employment references and Disclosure and Barring Services (DBS) checks were carried out for relevant staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) or the General Medical Council (GMC) and had professional indemnity cover. There were systems in place to monitor this.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and gas appliances. There were arrangements to ensure that medical diagnostic equipment was calibrated every year to ensure that they delivered accurate results and we saw evidence to confirm that this had been done within the last 12 months.

The practice had a comprehensive building risk assessment and undertook the relevant checks for the waterborne infection Legionella. It was clean and tidy, including all storage areas, with evidence of frequent cleaning confirmed by a cleaning schedule and checklist. There were regular meetings where infection control and cleaning regimes were discussed to ensure best practice was maintained.

Equipment was single use and within the expiry date.

Staff immunity status was monitored and they were offered the opportunity to have a course of HEP B vaccinations. All staff were up to date with their own immunisations.

There were systems in place to assess and manage the risk of fire. A fire risk assessment was in place and this was kept under review. Records showed that fire detection and firefighting equipment such as emergency lighting, fire alarms and fire extinguishers were regularly checked and that they were tested and serviced annually. Staff undertook fire safety awareness training annually. There was a fire evacuation plan in place and regular fire evacuation drills were carried out.

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.

Dental 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.

# Are services safe?

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.

We looked at the practice's arrangements for safe dental care and treatment. The practice identified and reviewed risks associated with dental sharps. Staff followed relevant safety regulations when using needles and other sharp dental items.

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 felt that they received a good induction to the practice and that they were confident in their training and support given. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Staff spoken to on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. Emergency medicines and equipment were available as described in recognised guidance. Staff kept records of their checks to make sure these were available and within their expiry date.

A dental nurse usually worked with the dentist and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for occasions when the dental hygienist worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Detailed information was available to assist staff take appropriate action should any person be exposed to hazardous substances.

The practice had an infection prevention and control policy and procedures. They followed relevant guidance including The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. 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 practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

The practice had the appropriate indemnity arrangements in place to cover all potential liabilities.

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

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## Safe and appropriate use of medicines

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

# Are services safe?

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.

Medicines including vaccines were stored appropriately and securely. We saw evidence that checks were carried out to ensure that temperature sensitive medicines such as vaccines were stored at the appropriate temperature and in line with the manufacturer's instructions.

The dentist and the doctor were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out periodically. The most recent audit demonstrated the dentists were following current guidelines.

## **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. These included assessments in relation to the building and equipment used in the delivery of the service.

The practice had systems in place to monitor and review accidents, incidents and 'near misses'. Although there had been no significant incidents during the last 12 months, all staff were aware of what constituted a significant event and the need to report, discuss and action such incidents.

The clinic had thorough health and safety policies, which were all followed. These included a fire policy for the clinic that outlined the evacuation procedure in detail for staff and customers. The evacuation procedure was practiced and clearly accessible to all people in the building.

All concerns or issues within the clinic were communicated via electronic means or through person to person conversations. There was a good administration system in place that ensured that all such information was logged accordingly.

## **Lessons learned and improvements**

There were robust systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

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.

The provider was aware of, and complied with, the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

The practice offered dental implants. These treatments were carried out by the principal dentist who was supported by a mentor who had undergone appropriate post-graduate training in this speciality. The principal dentist was undertaking appropriate post graduate level training in dental implantology. The provision of dental implants was monitored to ensure that treatments were carried out in accordance with national guidance.

Staff were aware of relevant and current evidence based guidance and standards and were able to access travel information relevant to locations where patients intended to visit. They used this information to deliver care and treatment that met patient needs. We were told how these sources were used during discussions with patients who were travelling to several countries at a time.

Patient outcomes were monitored using personalised treatment programmes, in-depth information and after care advice.

### Helping patients to live healthier lives

The dental team demonstrated that they actively supported patients to develop and maintain good dental health, particularly among young children and older adults.

A dental hygienist was employed at the practice and dental hygiene appointments were one day each week. The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets and information on the practice website to help patients with their oral health.

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

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

Immunisations were offered in accordance with national guidelines and all health advice was aimed towards ensuring that the patients were safe and aware of the best practice and prevention advice.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. There were a range of consent forms available for patients to complete including forms to describe dental treatments including root canal, extractions, teeth whitening and dental implants.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The doctor and the dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. This consent was registered on the patient record.

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 the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The staff team 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. Staff supported

# Are services effective?

(for example, treatment is effective)

patients with regard to the immunisations on offer and advised them if they could obtain the vaccine free at an NHS provider, rather than pay to have the vaccine privately at the practice.

The charges for the treatments available were clearly advertised in the practice, on all literature given to the patients, and on the website.

Patients who completed comment cards confirmed their doctor and dentist listened to them and gave them clear information about their treatment.

## Monitoring care and treatment

The practice kept detailed medical and dental care records containing information about the patients' current medical and dental needs, past treatment and medical histories. The doctor and the dentist assessed patients' treatment needs in line with recognised guidance. Records keeping audits were carried out to monitor the quality and detail of the information recorded and to ensure that detailed records were maintained in respect of patients assessment, dental and medical needs and the advice and treatment provided.

The practice carried out conscious sedation for dental 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. Conscious sedation was provided by a visiting sedation services provider. The practice had systems in place to help ensure that 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 practice maintained records which showed that patients were assessed 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.

There were systems to review and audit conscious sedation practices to ensure that they were carried out safely and in line with current published guidelines.

## 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 to help familiarise themselves with the practice policies, procedures and protocols. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council and the General Medical Council as appropriate. There were systems in place to monitor this and to support staff as needed.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Staff had personal development plans in place and staff told us that they received the training and support they needed to fulfil their roles and responsibilities within the practice.

## Coordinating patient care and information sharing

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

The dentist and doctor confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

We saw records that showed that all appropriate staff were involved in the assessing, planning and delivery of treatment to patients.

The practice co-ordinated care where applicable in order to ensure that the vaccinations were relevant to the needs of the patient and also in line with their underlying medical needs.

# Are services effective?

(for example, treatment is effective)

We were told that where relevant, and after consent had been obtained, details of treatment were shared with the patients own GP.

# 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 who completed comment cards commented positively that staff were polite and helpful. Patients told us staff were kind and understanding when they were in pain, distress or discomfort.

A range of information leaflets were available in the waiting area for patients to read. These included information about the range of dental and medical treatments available as well as information about health promotion.

Staff understood patients' personal, cultural, social and religious needs and gave tailored and considered advice. All 46 CQC comment cards that were received were positive regarding the service experienced. The adjectives most commonly used to describe the clinic were that it was friendly, helpful, informative and efficient.

The practice collected their own feedback and comments and we saw that these were all positive with all respondents making similar comments to those on the CQC comment cards.

The environment was conducive to supporting people's privacy. There was a well-appointed consulting room and we saw that staff supported patients' privacy.

Staff took time to interact with patients and we saw compliment letters from patients confirming that the practice had treated them, and those close to them, in a respectful, appropriate and considerate manner.

### Involvement in decisions about care and treatment

The practice had systems to assess the needs of patients and took into consideration the age range and ethnicity of people who used the service.

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards (a requirement to make sure that people and their carers, where applicable, can access and understand

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

- Interpretation services could be made available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials could be made available as needed.
- 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.
- Staff ensured that all patients were fully aware of the advice and treatment options and encouraged them to ask questions and ensure that they wanted to proceed with the vaccinations.

The practice gave patients clear information to help them make informed choices. Patients, who completed comment cards confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist and the doctor described the patient journey and 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 dental, medical and travel advice and treatments available at the practice and the costs of treatments.

### 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 as there was a separate waiting area to the rear of the building. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely and complied with the Data Protection Act 1998.

# 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. Some patients who completed comment cards commented positively about the practices' approach to appointments. Patients said that they were always able to access appointments that were convenient to them and confirmed that they never had to wait beyond their appointment time to be seen.

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

Patients who completed comment cards and those who participated in the practice patient satisfaction surveys described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet facilities.

The clinic understood that the local population required tailored and accessible travel advice and vaccinations that many NHS GP providers were not providing.

The clinic also supplied some non-travel vaccinations in order to allow clients the full range of immunisations for preventable diseases that were not always provided by local GP practices.

The facilities and premises were appropriate for the services delivered.

The provider took into account the needs of different clients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity.

### Timely access to the service

The practice aimed to provide appointments which suited the needs of patients and offered flexibility with the option

of early morning or later evening appointments. The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were, so far as possible, seen the same day and the practice prioritised urgent appointments for children. Patients confirmed that they had enough time during their appointment and did not feel rushed.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients requiring travel advice were able to access treatment within an acceptable timescale for their needs. They had good access to an initial consultation and then the follow on treatment where applicable, as the practice had varying opening times which they could book at their convenience.

### Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how patients could raise concerns or make a complaint. There was also information as to what patients could do should they remain dissatisfied with practice handling of or the outcome of their complaint.

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints that the practice had received within the previous 12 months. These showed the practice received positive comments about the services provided. Information about how to

make a complaint or raise concerns was available. Although no complaints had been received in the last 12 months we saw that the complaints policy and procedures were in line with recognised guidance.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### Leadership capacity and capability

The practice management team had the experience, capacity and skills to deliver the practice strategy and address risks to it. The team demonstrated a commitment to deliver high quality and sustainable care.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and had systems to review and address these. The practice management regularly reviewed the needs of patients and had plans in place to meet these needs. These plans included Reviewing the range of services provided and strategies to increase the range of treatments.

The management team were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

### Vision and strategy

The practice had a clear vision and strategy to deliver high quality treatment and advice to patients.

There was a clear vision and set of values. The practice had systems and a business plan which included realistic targets and objectives and demonstrated sound financial management.

The practice encouraged an holistic care approach where appropriate dental and medical advice and immunisation was delivered according to national guidance, but where the physical, psychological and social aspects of the care of each customer were also considered.

All staff understood and practiced the values of professionalism and efficiency.

### Culture

The practice had a culture of high-quality sustainable care, which focused on the needs of patients.

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

The practice had arrangements to support staff, address and act on behaviour and performance inconsistent with the vision and values.

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

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

Patients were encouraged to be involved in their own care and were given the appropriate choices and options in order to make an informed decision

### Governance arrangements

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

The dentist, doctor and the practice manager undertook lead roles and shared overall responsibility for the management and clinical leadership of the practice and 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.

There was continuous review of policies and objectives, which were communicated to all staff.

### Managing risks, issues and performance

There was a clear and effective process for managing risks, issues and performance with financial management processes in place to keep an oversight of the performance and sustainability of the practice for the future.

The practice was able to deal with incidents, with staff trained and aware of what to do – for example for spillages or a customer being unwell. This was in addition to training in fire evacuation and life support.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## **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 to improve the services provided.

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

The practice kept up to date with all medicine alerts.

Performance of the practice was discussed at meetings and staff were kept up to date with information and business objectives.

There were arrangements in place to deal with data security and the integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with clients, the public, staff and external partners**

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

The practice used patient surveys and feedback forms to obtain staff and patients' views about the service. We looked at the comments made by patients within the previous 12 months and these showed that patients expressed very high levels of satisfaction with the dental treatments that they received and how they were treated and cared for by the whole practice staff team.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were

encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. There was a transparent and collaborative approach by all members of the practice team.

All staff were encouraged to attend learning events and to share their knowledge both internally and externally.

## **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 radiographs, conscious sedation procedures, patient records and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

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

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

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