

# Bupa Occupational Health Limited

# Bupa Health and Dental Centre - Reading

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 26 January 2016 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

### **Background**

Bupa Health and Dental Centre, Reading provides independent health assessment services which include occupational health services, GP consultations and blood testing services. The service has an in-house dental suite offering preventive, specialist and cosmetic dental and hygienist services.

Services are provided from 7.30am to 6pm Monday to Friday and from 8.30am to 5pm on alternate Saturdays. Dental patients requiring advice and support outside of those hours are advised to use the NHS 111 service. The service does not manage the ongoing care and review of patients with long term conditions as part of its GP services.

The centre employs 22 staff and an additional 11 staff provide services on a sessional basis. These include health assessment and primary care doctors, health advisors, sport and exercise medicine consultants, physiotherapists, a dental nurse and dental hygienist and dentists. Those staff are supported by the centre manager and a range of administration and support staff.

# Summary of findings

The centre manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection and we spoke to some patients on the day of our inspection. 13 patients provided feedback about the service. All of the comments were positive about the care they had received. Patients told us that staff acted in a professional manner and they felt they received good standards of care.

## **Our key findings were:**

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Services were provided in a well-equipped and well maintained environment.
- Staff had received training appropriate to their roles and further training needs had been identified and planned. However, staff were only trained by Bupa to level 2 in the safeguarding of children. Decontamination training for some dental staff was overdue but this had been planned.

- Staff received regular supervision and appraisal of their performance.
- Staff worked closely with other health care professionals to ensure patients' needs were met.
- Staff had some understanding of the Mental Capacity Act 2005 but this was not consistent across the staff team.
- There were processes to ensure infection control processes were implemented. However, improved arrangements were required for the storage of clinical waste awaiting collection.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- All staff were highly aware of the vision and ethos of the organisation and shared a commitment to continuous improvement.

There were areas where the provider could make improvements and should:

- Ensure improved arrangements for the safe and secure storage of clinical waste awaiting collection.
- Review arrangements for the location of emergency medicines within the centre.
- Implement risk assessment processes to ensure staff receive training in the safeguarding of children at a level appropriate to their role.
- Provide more comprehensive training in the Mental Capacity Act 2005 in order to improve knowledge and understanding across the staff team.
- Ensure updated decontamination training for dental staff is completed.

# 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.

- Services were provided from modern, well equipped and well maintained premises.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Staff had received training in safeguarding and knew the signs of abuse and local reporting processes. However, staff were only trained by Bupa to level 2 in the safeguarding of children.
- Staffing levels were appropriate for the provision of care and treatment.
- Risks to patients and staff were assessed and well managed to prevent harm.
- There were processes to ensure infection control processes were implemented. However, improved arrangements were required for the storage of clinical waste awaiting collection.
- Emergency procedures were in place to respond to medical emergencies.
- Procedures were in place to support with continued running of the service in the event of an emergency.

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### **Are services effective?**

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

- Staff assessed needs and delivered care in line with current evidence based guidance, such as that issued by the National Institute for Health and Care Excellence (NICE) and the General Dental Council.
- We saw that staff worked closely with other health care professionals to ensure patients' needs were met.
- Staff had received training appropriate to their roles and individual needs.
- Training was well planned and progress towards learning objectives was continuously monitored.
- There was evidence of appraisals and personal development plans for all staff.
- There were robust systems in place for monitoring the performance of doctors working on a sessional basis.
- Staff had some understanding of the Mental Capacity Act 2005 but this was not consistent across the staff team.

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### **Are services caring?**

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

- Patients told us that they were treated in a caring and holistic manner and that their needs were always listened to.
- Patients were given clear information about their treatment options which included any risks, benefits and costs.
- We saw that staff treated patients with kindness and respect and acted in a highly professional manner.
- Information for patients about the services available was easy to understand and accessible.

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

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

- The service offered routine appointments for health assessments and routine and urgent GP and dental appointments to meet the needs of their patients.
- The service had made reasonable adjustments to accommodate patients with a disability or impaired mobility.

# Summary of findings

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- The service handled complaints in an open and transparent way and apologised when things went wrong. The complaints procedure was readily available for patients to read in the reception area and on the service's website.
  - The service proactively sought patients' feedback and engaged patients in the delivery of the service.
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## **Are services well-led?**

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

- There were overarching governance arrangements within the service to support the delivery of good quality care and evidence of continual learning and improvement.
  - The registered manager and provider ensured policies and procedures were in place to support the safe running of the service and to govern activity and these were available to staff.
  - There was a clear management structure in place and staff understood their responsibilities.
  - Staff were highly aware of the vision and ethos of the organisation.
  - Staff felt very well supported by the registered manager and the organisation and shared a commitment to continuous improvement. Staff told us they could raise any concerns they had and were encouraged to contribute ideas for improvement.
  - There was a strong focus upon safety and the assessment of risks to staff and patients.
  - A series of regular staff and management meetings were held and recorded.
  - The service regularly sought the views of staff and patients.
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# Bupa Health and Dental Centre - Reading

## Detailed findings

### Background to this inspection

We inspected this service as part of our new comprehensive inspection programme 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an announced comprehensive inspection of Bupa Health and Dental Centre – Reading on 26 January 2016 as part of the independent doctor consultation service inspection pilot.

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor and a dental Specialist Advisor.

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew. Prior to the inspection we reviewed the last inspection report published in December 2014 and the information provided in response to a pre-inspection information request to the provider.

During our visit we:

- Spoke with a range of staff including a dental nurse, a dental hygienist, health advisors, medical practitioners and management and administrative staff.
- Observed how patients were being cared for and talked with them to obtain feedback about the service.
- Reviewed records and documents.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 therefore formed the framework for the areas we looked at during the inspection

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the centre manager of any incidents. There was an incident recording form available on the service's computer system and the centre manager maintained a log of all incidents. The service carried out a thorough analysis of the significant events and we saw evidence that they were discussed at staff and management meetings. Staff told us that incidents were also analysed centrally by BUPA.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We reviewed the incident log and noted that 16 incidents had been recorded within January 2016. We noted that there was a low threshold for incident reporting, for example a blocked toilet had been reported. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The provider was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems in place for disseminating information about notifiable safety incidents.

### Reliable safety systems and processes (including safeguarding)

The service had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. Central and local policies and local contact information were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

The centre manager was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received some training relevant to

their role. However, we found that the centre manager, doctors and dental staff were only trained by Bupa to level 2 for safeguarding children. We noted that two doctors had received training outside of Bupa to level 3. The service did not routinely offer health screening or GP services to children and young people. However, dental services were provided to children.

A notice in the waiting room and all consultation rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was an off-site record back up system.

### Medical emergencies

The service had adequate arrangements in place to respond to emergencies and major incidents. There was a push button alarm in the reception area and all consultation and treatment rooms which alerted staff to any emergency. We noted that the system enabled staff to immediately identify the location at which the alarm had been triggered. The alarm system was subject to regular checks. Emergency equipment was easily accessible to staff in secure areas of the service and all staff knew of its location. Supplies of emergency medicines were located within the dental suite and within the administration area of the centre. We noted that storage of emergency medicines in the second floor administration area meant that those medicines may not be easily accessible in the event of an emergency. Services to patients were delivered on the ground and first floors of the premises which meant there could be a delay in accessing the emergency medicines supply.

The service had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm) and oxygen with face masks for

# Are services safe?

both adults and children. The service had medicines for use in an emergency in accordance with guidance from the British National Formulary. Records completed showed regular checks were carried out to ensure the equipment and emergency medicines were safe to use. Records showed staff had completed training in emergency resuscitation and basic life support.

The centre also had trained first aiders with first aid kits and an accident book available on site.

## Staffing

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. There was a planning system in place to ensure enough staff were available to support patients attending for the different types of health services.

## Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety. All of the staff team undertook health and safety awareness training as part of their induction. Auditing of health and safety processes was conducted on a quarterly and an annual basis and we saw evidence of actions taken as a result.

We found that fire safety equipment, such as fire extinguishers, had been regularly maintained and a fire risk assessment of the premises had last been undertaken in June 2015. There were processes in place to ensure fire alarms were regularly tested and that fire drills were carried out on a six-monthly basis. We reviewed the latest fire drill report dated January 2016 which detailed the time taken to evacuate the building and any problems identified. Emergency lighting was tested and recorded on a monthly basis.

We reviewed a comprehensive series of risk assessments undertaken by the service. These included assessments of risks associated with moving and handling, lone working, handling of sharps items and infection control processes. We noted that that one risk assessment had been carried out in relation to a pregnant member of staff who required

adjustments to their duties as a result. There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

A comprehensive business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and support services to whom staff may need to refer.

## Infection control

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and highly organised. There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included the management of sharps injuries, decontamination of dental instruments, hand hygiene, and the segregation and disposal of clinical waste.

There was a named lead for infection control within the service. Auditing of infection control processes was carried out on a six-monthly basis. We saw that the last audit had been completed in September 2015 and that action had been taken to address any improvements identified as a result. For example, disposable modesty sheets had replaced previously laundered dressing gowns.

The service had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)'. This document and the service's policy and procedures for infection prevention and control were accessible to staff.

We saw the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' The dental nurse demonstrated to us how instruments were decontaminated and sterilised in accordance with the centre's robust procedure for decontamination of instruments. We observed instruments were placed in pouches after autoclave sterilisation and dated to indicate when they should be reprocessed if left



# Are services safe?

unused. Records were maintained for every element of the decontamination cycle. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results.

The service maintained track and traceability records of each device or instrument used; the date and time decontamination procedures were carried out; the name of the person undertaking each stage of the decontamination process and the patient identity on whom the instrument was used. There was regular internal auditing of those processes to monitor and ensure their robustness.

Staff had received up to date training in infection control processes and infection control training formed part of the centre's induction programme. We noted that the dental nurse and the dental hygienist had not recently undertaken updated decontamination training. However, the centre manager confirmed this training had been scheduled for February 2016 and we saw evidence to confirm this.

We noted that the service held records to confirm the hepatitis B status of staff working within the service. Robust processes were in place to ensure implementation of the service's needle stick injury protocol. We saw that copies of the protocol were in place within the decontamination room and within each consultation room.

The service had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the centre. This included clinical waste and safe disposal of sharps. However, we noted that the outside storage unit, used to store clinical waste awaiting collection was not fully secure. Although the unit itself was securely locked, it was not located within a locked area or secured to prevent its potential removal. Staff made a request to the estates management team for this to be rectified at the time of inspection.

Environmental and equipment cleaning schedules were in place for all areas of the service. Hand wash solution, hand sanitizer and paper towels were available in each room. There were good supplies of protective equipment for patients and staff members. Spillage kits were available for staff to use. Material curtains were in use in clinical rooms which were laundered annually.

Records showed a risk assessment process for Legionella with appropriate processes in place to prevent contamination such as flushing of dental unit water lines

and water temperature testing. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

## Premises and equipment

The service was located in modern, spacious, self-contained premises which were maintained to a high standard. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service also had a variety of other risk assessments in place to monitor safety of the premises such as disabled access arrangements, storage of equipment and staff working at heights. Assessments of all work stations were undertaken regularly by a physiotherapist within the service to ensure safe working practices.

There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates which showed the service had systems in place to ensure all equipment in use was safe, and in good working order. For example we saw that the autoclave had been serviced in July 2015.

We checked the provider's radiation protection file as X-rays were taken at the centre. We also looked at X-ray equipment at the centre and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were displayed. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The organisation had a radiation protection adviser and had appointed a radiation protection supervisor.

## Safe and effective use of medicines

The arrangements for managing emergency medicines and local anaesthetic medicines within the service kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We noted that there were robust systems to record and track the receipt and use of local anaesthetic medicines used for dental treatments. Prescription stationery was printed as needed. We noted



## Are services safe?

that the dental hygienist administered topical fluoride and local anaesthetic using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of these directions.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Patients who used the service were required to complete an online self-assessment questionnaire prior to attendance which requested medical history information and included patient consent. Patients were then able to access a confidential online portal where they could view their health assessment report and results. Patients were sent an email reminder shortly before their appointment if they had not completed the document by that time. This provided an alternative suggestion that they arrive early for their appointment to allow time to complete the questionnaire on the day.

The clinicians undertook face to face assessments created from evidence based guidance and standards, including those issued by the National Institute for Health and Care Excellence (NICE) and the General Dental Council.

Dental records included all components of assessment recommended by the Faculty of General Dental Practice, such as periodontal monitoring and soft tissue examination. Dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

Dental records were detailed and patient centred and reflected all stages of the treatment provided. All records we examined included completed medical history forms. Details of x-rays taken, evidence of written consent, local anaesthetic administered and treatments provided, were all clearly recorded. Treatment plans explained the treatment required, the options available and outlined the costs involved. This allowed patients to consider the options, risks, benefits and costs of treatment before making a decision to proceed.

Dental clinicians routinely accompanied patients to the reception desk to ensure treatment planning and next appointments were clearly understood and scheduled correctly. Information was coded to maintain patient confidentiality.

### Staff training and experience

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The service had a comprehensive induction programme for newly appointed

staff that covered such topics as safeguarding of children and vulnerable adults, incident reporting, infection control, fire safety, health and safety and data protection and included compulsory e-learning in those areas. Role specific induction training was also included and ensured staff were competent for the role to which they had been appointed. We examined personnel files and saw that an induction log was held in each file and signed when completed.

The service provided an ongoing programme of key training and updating for all staff. Training was planned and scheduled to meet individual and team training needs. Staff had access to a series of e-learning modules via the 'Bupa Learn' centralised system. Staff members received electronic certificates to confirm the completion of individual training modules and reminders to reschedule the training when updates became due. The centre manager was able to plan and monitor the training of all staff within the service via this system. Some training was delivered in-house by local external providers, for example basic life support training was scheduled twice each year to ensure the whole staff team were captured.

The learning needs of staff were identified through a system of meetings and appraisal which were linked to individual as well as service development needs. Ongoing support was provided during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff were able to access an extensive catalogue of optional training via the Bupa Learn system, entitled 'Grow me', which supported the development of their individual learning needs. All staff had received an appraisal within the last 12 months. Doctors and dentists who provided services on a sessional basis, some of whom were appraised via the NHS appraisal system, were also required to undergo internal appraisal led by the clinical lead, related to their scope of work within the centre.

We examined personnel files and saw that the centre had robust systems for monitoring the performance of doctors working on a sessional basis. We saw that individual doctors were subject to a series of patient record audits and 'observed clinical encounters' conducted by the clinical lead which encompassed all aspects of the patients' consultation and treatment with a doctor. These included history taking, medical examination, clinical conclusions, closure and follow up arrangements.

# Are services effective?

(for example, treatment is effective)

Feedback to the doctor included actions and improvement points to consider and for ongoing review. Subsequent appraisals utilised the information from those quality monitoring processes to inform the appraisal review process.

## **Working with other services**

The service had systems to provide staff with the information they needed. Staff used the electronic patient record to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from other services, to be saved in the system for future reference.

The service shared relevant information, with the patient's permission, with other services, for example, when referring patients to other services or informing the patient's own GP of any matters. The service requested permission to share information with the patient's GP at the point of registration.

Staff worked with other health care professionals to meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, the centre had robust protocols in place to ensure that dental patients who required pathology investigation were

appropriately referred to specialist practitioners. A fast track agreement for the processing of laboratory results was in place with a local hospital. All referrals were followed up after a two week period and patients were given clear instructions with regards to the response times they should expect.

## **Consent to care and treatment**

We found staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff had some understanding of the Mental Capacity Act 2005 but this was not consistent across the staff team. Staff told us that some minimal training had been provided in the Mental Capacity Act 2005 as part of their safeguarding training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance (Gillick). We saw the service obtained written consent before undertaking procedures. Information about fees was transparent and available in the waiting room. The process for seeking consent was demonstrated through records and showed the service met its responsibilities within legislation and followed relevant national guidance.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that members of staff were courteous and helpful to patients and that people were treated with dignity and respect. Staff told us they continuously reviewed the patient experience in order to determine how this could be improved.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk and waiting area provided a quiet, calm and inviting environment. Reception staff told us that if a patient wanted to discuss sensitive issues they could offer them a private room to discuss their needs.

### **Involvement in decisions about care and treatment**

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

We reviewed written treatment plans for dental patients and found they explained the treatment required and outlined the costs involved. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

Patients completed CQC comment cards to tell us what they thought about the service. We also spoke to some patients on the day of our inspection. 13 patients provided feedback about the service. All of the comments were positive about the service experienced. Patients said they felt the service offered a good service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The service offered flexible opening hours and appointments to meet the needs of their patients. Services were reviewed to ensure they met patients' needs. Staff reported the service scheduled enough time to assess and undertake patients' care and treatment needs.

The facilities provided by the service were comfortable and welcoming for patients, with a manned reception area and waiting room for patients. The premises could be accessed via a ramp and an automatic door into the reception and waiting area. The treatment and consultation areas were well designed, well equipped and maintained to a high standard.

### Tackling inequity and promoting equality

Services were offered on a fee basis only and were accessible to people who chose to use them. We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. Staff knew how to access language translation services if these were required.

The building was accessed through electronically operated doors; there was ramp access into the building. The service also had an accessible toilet available for all patients attending the service.

### Access to the service

Services were provided from 7.30am to 6pm Monday to Friday and from 8.30am to 5pm on alternate Saturdays. The length of appointment was specific to the patient, their needs and the nature of their appointment. Dental patients requiring advice and support outside of those hours were advised to use the NHS 111 service.

### Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the service

waiting room and in the service information brochure. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the service investigation into their complaint. The registered manager handled all complaints. All staff within the centre had received training in how to deal with complaints.

We reviewed the complaints system and noted that all comments and complaints made to the service were recorded. Staff told us that their policy was to report and record all levels of comment received from patients, from minor verbal dissatisfaction through to formal written complaints. We reviewed the service's complaints log and found that 79 complaints had been recorded between February 2015 and January 2016. Staff within the centre told us they recorded all complaints within the patient's electronic record and emailed the centre manager to notify them of the complaint. Details of the complaint were then added to a complaints database which was monitored by individual centre managers and a central team who reassessed the nature of individual complaints and emerging themes.

We read the service procedure for acknowledging, recording, investigating and responding to complainants and found all of the patient complaints which had been received over the past 12 months had received an appropriate investigation and response. We noted that 21 complaints related to clinical assessment or the attitude of a clinician within the centre. 11 complaints related to administration processes and 16 complaints related to access or discharge arrangements such as rescheduling of appointments.

Staff told us they discussed complaints at monthly team meetings and management meetings and relevant learning was disseminated to all staff. We saw examples of actions taken as a result of complaints received in order to improve the quality of care and service provision. For example, the centre had implemented performance management processes in one instance. The centre manager told us that the appointment of a lead physician had led to improvements in the level of engagement with sessional doctors and improvements in the quality of report processing following health assessments both of which had been identified themes within the complaints received by the service.

# Are services well-led?

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

## Our findings

### Governance arrangements

The governance arrangements of the service were evidence based and developed through a process of continual learning. The registered manager held responsibility for the day to day running of the service. There was a clear leadership structure in place with named members of staff in lead roles. For example, there was a dental team manager, and a clinical team manager who was responsible for overseeing the team of health advisors. The service held regular meetings with the staff to discuss any issues and identify any actions needed.

Staff within the service were well supported by a range of centralised Bupa processes and teams which provided additional quality assurance and a highly structured governance framework. For example, a central quality team reviewed all incidents and complaints reported by the service and provided advice and support in their management and the determination of learning outcomes, as required. Recruitment of staff was supported by a central recruitment team who undertook initial screening and shortlisting and later managed the process of obtaining required pre-employment checks.

The service had a number of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the General Dental Council (GDC) and the Faculty of General Dental Practice (FGDP).

### Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by the management team. Staff told us they were approachable and always took the time to listen to them.

The provider was aware of and complied with the requirements of the Duty of Candour. The organisation encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

We found the service held regular team meetings with staff to discuss any issues and identify any actions needed. Staff told us there was an open culture within the service and

they had the opportunity to raise any issues at team meetings. Staff were involved in discussions about how to run and develop the service, and to identify opportunities to improve the service.

Staff were well motivated to achieve and were committed to the vision and ethos of the organisation. Staff told us that the service identified a staff member to receive an 'everyday hero award' each month. The award was issued to staff who had particularly demonstrated a commitment to the organisational ethos. Staff also spoke with pride that the centre had recently been the winner of a national health advisor award within the organisation.

### Learning and improvement

Staff told us the service supported them to maintain their professional development through training and mentoring. The management of the service was focused on achieving high standards and provided regular supervision, including peer review and support for staff. We found formal appraisal had been undertaken and was embedded within the culture of the service. The staff we spoke with told us the service was supportive of training and professional development, and we saw evidence to confirm this.

A comprehensive programme of audits ensured the service regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found the patients' records were audited for quality of content and to ensure appropriate referrals or actions were taken. A completed audit of dental x-rays had been undertaken in October 2015. The service was also subject to unannounced visits from a central Bupa quality assurance team.

### Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback post consultation about the delivery of the service. The service had also gathered feedback from staff through a global staff survey, through staff meetings, appraisals and discussion. The results of these were analysed each year outcomes were discussed within staff teams. Staff told us they were encouraged by managers to continually seek to improve the experience of patients and to develop new ways of working.