

Park Road Dental Care

Park Road Dental Care

Inspection Report

Park House
Station Square
Coventry
CV1 2FL

Tel: 02476 220196

Website: www.parkroaddentist.co.uk

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Overall summary

We carried out this announced inspection on 5 December 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Park Road Dental Care is in Coventry city centre and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for blue badge holders, are available in the dedicated practice car park. The practice is situated less than a two-minute walk from Coventry train station and is on a bus route.

Summary of findings

The dental team includes five dentists, five dental nurses some of whom also cover reception duties, four apprentice dental nurses, one dental hygienist and a practice manager. 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 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 Park Road Dental Care is the principal dentist. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we collected 22 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: from 9am to 5pm

Tuesday: from 8.30am to 7pm

Wednesday: from 9am to 7pm

Thursday: from 9am to 5pm

Friday: from 9am to 5pm

Our key findings were:

- Strong and effective leadership was provided by the principal dentist and empowered practice manager. Staff felt involved and supported and informed us this was a good place to work.
- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details were displayed on a staff notice board. The safeguarding lead was trained to level three.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The provider renovated and moved to this premises in 2011 to expand and enhance the facilities for all patients including those with disabilities. The services were all on the ground floor and were fully wheelchair accessible.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. There was signage in the waiting room advising of a consultation room that was available for patients that required enhanced privacy.
- Staff were providing preventive care and supporting patients to ensure better oral health. They routinely referred patients to their dental hygienist through a clear care pathway. A copy of the Delivering Better Oral Health toolkit was on available in the waiting room for patients to read.
- The appointment system took account of patients' needs. The practice offered extended hours appointments opening until 7pm on Tuesday and Wednesday and opening early from 8.30am on Tuesday.
- The provider asked staff and patients for feedback about the services they provided. Details of the patient satisfaction survey results were displayed in the waiting room. The results were consistently positive from staff surveys, patient satisfaction surveys and friends and families test surveys.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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. The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.

They used learning from incidents and complaints to help them improve. The learning from these was discussed at weekly team 'huddles' and staff meetings.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding contact details and flow charts were displayed in the practice manager's office and on a staff notice board. The safeguarding lead was trained to level three.

Staff were qualified for their roles and the practice completed essential recruitment checks. We looked at five staff files which held documents in line with the providers recruitment policy.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The building had been thoughtfully designed to incorporate a rear corridor only accessible by staff to transport clean and dirty instruments between the treatment rooms and the decontamination room.

The practice had suitable arrangements for dealing with medical and other emergencies. We found one medicine had not been stored in the fridge and the expiry date had not been adjusted to accommodate this. A replacement for this item was ordered on the day of our visit.

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, excellent and outstanding. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice provided extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienist through a clear care pathway. A copy of the Delivering Better Oral Health toolkit was available in the waiting room for patients to read.

The practice was very committed to supporting the local community and providing preventive oral hygiene advice. Staff members visited local schools where they demonstrated good tooth brushing techniques and used disclosing liquid to highlight to the young audience the importance of effective tooth brushing. The team also had a stand at a local secondary school careers evening to deliver oral health education and promote the dental sector as a fulfilling career opportunity. Details of these events were captured in local newsletters and thank you letters.

No action



Summary of findings

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. The provider funded online training for all employed staff. External training such as basic life support, infection prevention control and fire safety was provided in house for all staff.

The practice was a British Dental Association (BDA) good practice member. This was a quality assurance programme used to demonstrate the practice was working to nationally agreed standards of good practice on professional and legal responsibilities.

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 22 people. Patients were positive about all aspects of the service the practice provided. They told us staff were extremely helpful, friendly and reassuring. Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice.

They said that they were given detailed treatment options in a manner in which patients understood and said their dentist listened to them. Patients commented that the dentists always greeted them with a smile and made them feel at ease, especially when they were anxious about visiting the dentist.

We were told that patients were amazed with the high level of customer service which many commented was excellent. Patients told us that they were always warmly welcomed into the practice, there was a relaxing atmosphere and they never felt rushed.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. We observed reception team members supporting patients in a caring, helpful and empathetic manner.

No action 

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening early on Tuesdays from 8.30am and late on Tuesdays and Wednesdays until 7pm.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had been thoughtfully designed and renovated to enable full access to the facilities for patients in wheelchairs. There was an accessible toilet and a low-level area on the reception desk for wheelchair users. A car parking space for blue badge holders was available and could be reserved upon request. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints policy in the patient waiting room and on their website.

No action 

Summary of findings

Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and an empowered practice manager. The principal dentist, practice manager and other staff shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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.

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. Safeguarding contact details and flow charts were displayed in the practice manager's office and on a staff notice board. We saw evidence that staff received safeguarding training, the safeguarding lead had received level three training. 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 practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. A policy was available to staff to ensure they were aware of the signs and practice procedure should they identify any patients this affected.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where a patient refused to use rubber dam we were advised that the dentists would not proceed with treatment and would record this in the patient's dental care record.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. A copy of the air conditioning unit servicing which had been completed in August 2018 was emailed to us on the evening of the inspection as this was not to hand during our visit.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice used digital X-rays with fitted rectangular collimators which reduced the dose and scatter of radiation.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was on display in the waiting room.

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

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Medical scenario training was completed in house every at regular intervals to ensure staff were kept up to date.

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 found one medicine had not been stored in the fridge and the expiry date had not been adjusted to accommodate this. A replacement for this item was ordered on the day of our visit.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. At the time of our visit these were being updated into a newer format.

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. Staff completed infection prevention and control training annually and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The building had been thoughtfully designed to incorporate a rear corridor only accessible by staff to transport clean and dirty instruments between the treatment rooms and the decontamination room. The provider had a good system for storing the instruments which clearly identified what instruments each pouch contained. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

We saw cleaning schedules for the premises. The practice was 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.

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

Information to deliver safe care and treatment

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

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

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 reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Are services safe?

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

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents. The practice had recorded one general incident and six exceptions. These were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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

and shared lessons identified themes and acted to improve safety in the practice. For example, the general incident related to a patient advising the reception team that the front doorbell used for seeking assistance was not working. This was immediately checked and the batteries were replaced. After discussing this at a staff meeting it was agreed that the doorbell would be added to the monthly facilities checks.

There was a system for receiving and acting on safety alerts. Any relevant safety alerts were discussed and placed on the staff notice board for three months for staff to refer to as required, the alerts were then filed at the end of this period. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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 had access to intra-oral cameras, clini-pads and microscopes to enhance the delivery of care. For example, one of the dentists had an interest in endodontics (root canal treatment). The dentist used a specialised operating microscope to assist with carrying out root canal treatment. The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

The practice was involved in quality improvement initiatives such as the British Dental Association (BDA) good practice accreditation. This was a quality assurance programme that allows its members to communicate to patients their ongoing commitment to working to standards of good practice on professional and legal responsibilities.

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. A copy of the Delivering Better Oral Health toolkit was on available in the waiting room for patients to read. The practice was committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienist through a clear care pathway.

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 clinicians 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 practice had a dedicated area in waiting room for oral health displays. At the time of our visit the oral health display focussed on national smile week and the sugar content in various drinks and foods to raise patient awareness.

Staff members visited local schools where they demonstrated good toothbrushing techniques and used disclosing liquid to highlight to the young audience the importance of effective toothbrushing. One school newsletter highlighted that 'At the end of the lesson we realised how important it was for everyone to brush their teeth'. A thank you letter from a primary school also indicated that the visit had positive outcomes with pupils actively using the timers given to them by the practice to ensure they brushed their teeth for at least two minutes.

The team also had a stand at a local secondary school careers evening to deliver oral health education and promote the dental sector as a fulfilling career opportunity. The high school newsletter stated that 'It was quite obvious that the students left with an excellent overview of the profession and the aspects of training that were involved'.

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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team mostly understood

Are services effective?

(for example, treatment is effective)

their responsibilities under the act when treating adults who may not be able to make informed decisions. There was scope for some of the nurses to receive more in-depth knowledge of the Act. The consent policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The two receptionists were qualified dental nurses and could therefore support patients requiring emergency appointments.

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

The provider funded online training for all employed staff. External training such as basic life support, infection prevention control and fire safety was provided in house for all staff. Staff discussed their training needs at annual appraisals, monthly one to one meetings and weekly 'huddles'. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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 electronically to make sure they were dealt with promptly.

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 extremely helpful, friendly and reassuring. Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice.

We were told that patients were amazed with the high level of customer service which many commented was excellent. Patients told us that they were always warmly welcomed into the practice, there was a relaxing atmosphere and they never felt rushed.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. 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.

Information folders, patient survey results and thank you cards were available for patients to read in the waiting room.

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. There was signage in the waiting room to advise patients that they could hold discussions in a private room if requested. 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.

The practice had a consultation room which could be used by breast feeding mothers if they required a private area.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were acutely aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language.
- Lip reading, braille and sign language services were available for patients that required them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- An illuminated magnifying glass was available for patients that would benefit from its use.
- A white board was used as a communication aid for some patients.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

The principal dentist and practice manager shared examples of how the practice met the needs of more vulnerable members of society such as adults and children with a learning difficulty, people with drug and alcohol dependence and people living with dementia.

Patients described high levels of satisfaction with the responsive service provided by the practice. Patients consistently stated that they would highly recommend this practice and would not wish to be seen anywhere else.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the principal dentist described how an anxious patient listened to music through headphones during treatment to help them relax. Longer appointments were given to nervous patients to ensure they did not feel rushed and that the dentist could take longer explaining each step of the treatment.

Stress balls and fidget spinners were available to support nervous patients and children receiving treatment.

The practice had been thoughtfully designed and renovated in 2011 to enable full access to the facilities for patients in wheelchairs. All of the facilities were on the ground floor and there was an accessible toilet with hand rails and a call bell and a low-level area on the reception desk for wheelchair users. A car parking space for blue badge holders was available and could be reserved upon request. Other adjustments included step free access, a hearing loop, an illuminated magnifying glass and a water bowl for assistance dogs. The provider had purchased a wheelchair and walking aid which had been placed in the lobby for patients to use should they not wish to bring their own to appointments.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website. The practice offered extended hours appointments opening early on Tuesdays from 8.30am and late on Tuesdays and Wednesdays until 7pm.

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 practice made their own arrangements to provide an emergency on call service for their private patients. Patients seen on the NHS were signposted to the NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. Copies of the practice complaints procedure were available in the waiting room.

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

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

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

We looked at comments, compliments and complaints the practice received within the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated that they had the experience, capacity and skills to deliver the practice strategy and address risks to it. The principal dentist was forward thinking and had relocated in 2011 to enhance the facilities and premises for staff and patients alike.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. At the time of our visit the principal dentist and practice manager were developing governance systems to support future management within the practice.

Culture

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

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

The practice focused on the needs of patients.

The practice manager described to us effective action that had previously been taken to deal with poor performance.

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 principal dentist 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 regular basis.

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient satisfaction surveys, comment cards, verbal comments and a comments book to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, decaffeinated tea was purchased as a result of patient feedback and the practice opening hours were extended following patient survey comments.

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. The results for November 2017 to October 2018 showed that 100% of patients would recommend this practice to friends and family.

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.

Are services well-led?

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

The principal dentist 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 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.