

# Heath Dental Limited

# Heath Dental

## Inspection Report

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Date of inspection visit: 14 October 2019  
Date of publication: 10/12/2019

### Overall summary

We carried out this announced inspection on 14 October 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

##### **Background**

Heath Dental is in Dickens Heath, Solihull and provides NHS and private dental treatment to adults and children.

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

The dental team includes four dentists, six dental nurses, including one trainee and a clinical manager, a decontamination technician, three dental hygiene therapists, two receptionists and a practice manager. The practice has four treatment rooms.

# Summary of findings

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

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we collected 59 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, three dental nurses, one dental hygiene therapist, one receptionist, the practice manager and the Head of Compliance from Dentex. Dentex are a corporate provider who have a partnership arrangement with Heath Dental. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Tuesday 8.30am to 6pm, Wednesday 7am to 6pm, Thursday 8.30am to 8pm and Friday 7am to 4pm.

## **Our key findings were:**

- The provider had infection control procedures which reflected published guidance.
- The practice appeared clean and well maintained
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. A new larger size of emergency oxygen was purchased following this inspection.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- 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. Patients commented that staff were caring, kind and attentive.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- 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:

- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular by ensuring that the practice's surgical drill receives regular servicing and maintenance.
- Take action to ensure the regulated activities at Heath Dental Limited are managed by an individual who is registered as a manager.

# 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.

**No action** ✓

### **Are services effective?**

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

**No action** ✓

### **Are services caring?**

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

**No action** ✓

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

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

**No action** ✓

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

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

**No action** ✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Policies contained information regarding female genital mutilation (FGM), modern day slavery and anti-radicalisation. Staff had signed to confirm that they had read policy documentation. We saw evidence that staff received safeguarding training and we were told that staff were all booked onto a higher-level course in January 2020. This training was to include information for staff regarding modern day slavery and FGM. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Contact details to enable staff to report suspicions of abuse were readily available and checked regularly to ensure they were up to date.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. This included contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. Staff confirmed that they would raise concerns internally to staff at the practice or to staff at Dentex head office but were also aware they could raise concerns to external organisations. They felt confident they could raise concerns without fear of recrimination. Staff said that it would reflect badly on themselves and the dental practice if they did not report poor practice. We were told that it was a very open practice that encouraged discussions where concerns could be reported to help drive improvement.

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

treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure. Support was provided with recruitment processes from the human resources department at Dentex. For example, the human resources department completed disclosure and barring service checks, obtained references and information regarding eligibility to work in the country. Some checks were in place for agency and locum staff. We were told that wherever possible the same member of agency staff worked at the practice. The practice manager had a checklist for indemnity insurance for each agency staff member used. Further information was to be obtained and included on the checklist. The practice had a service level agreement with the dental nurse agency which recorded details of the checks that would be completed to ensure nurses were appropriately experienced, qualified and had the necessary employment checks completed.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We were shown a gas safety certificate dated June 2019 and records of portable appliance checks for October 2018. The practice manager completed six monthly visual checks of portable electrical appliances and recorded the results. We were told that a portable electrical appliance test had been booked for November 2019. There was no evidence at the practice that a five-year fixed wiring check had been completed. We were told that this was done in 2018 and a copy would be sent following this inspection as evidence, this was not received. We were told that the surgical drill unit used when placing dental implants was not subject to routine servicing. The practice manager confirmed that this would be serviced immediately.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. Records

# Are services safe?

were available to demonstrate that the fire alarm system, fire extinguishers and the emergency lighting were serviced in August 2019. In-house checks were also completed on fire safety equipment and a log kept. This included weekly fire alarm testing and fire extinguisher checks and monthly emergency lighting testing.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. Staff updated the local rules on the day of inspection to include contact details for the radiation protection advisor.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The last radiography audit carried out was dated 2017 and the practice was not carrying these out every year as identified in 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. A fire and a practice risk assessment had been completed and these were reviewed on a regular basis. Documentary evidence was available to demonstrate actions taken to mitigate risk. Other risk assessments had been completed, for example health and safety, lone working, major incident response, new and expectant mothers, latex allergy and a risk assessment regarding dental surgeries. The provider had current employer's liability insurance which had an expiry date of June 2020.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. The risk assessment did not include details of all sharp's instruments in use at the practice. An unlabelled sharps bin was seen in the decontamination room. There was therefore no evidence to demonstrate when this bin was first used or should stop being used. We were told this would be addressed immediately.

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.

An immunisation log was kept which stated that all staff must be immunised against hepatitis B, if a team member does not sero convert they must be referred to occupational health for advice or treatment. Details of the staff members immunisation status were recorded. However, there was no evidence for one member of staff 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 every year. Scenario training was included in basic life support training. For example, staff were given a different scenario and were advised of the action to take.

Emergency equipment and medicines were available as described in recognised guidance. We identified that the portable oxygen cylinder was smaller than the 460litre size recommended in guidance. We were told that a new larger oxygen cylinder would be purchased immediately. Following this inspection, we were sent evidence to demonstrate that a new oxygen cylinder had been purchased. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

We discussed sepsis management and identified that staff had completed training regarding sepsis management. Sepsis had also been discussed at a practice meeting. Systems were in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. We were told that hygienists and hygiene therapists worked without chairside support. A discussion was held each morning and the patient list for the day ahead was discussed. If any pocket charting was required a nurse would be requested to provide support. We were told that a nurse would be made available upon request at any time. The decontamination assistant ensured that sufficient amounts of equipment were always available to staff.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The practice manager was reviewing information held in the practice's control of substances hazardous to health folder to ensure all information was up to date.

# Are services safe?

The practice occasionally used locum and/or agency staff. We were told that these staff received an induction to ensure that they were familiar with the practice's procedures.

The provider had an infection prevention and control policy and procedures, these recorded a date of implementation and review. 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 and received updates as required.

A member of staff was employed as the decontamination technician and it was their responsibility to ensure all equipment was cleaned and sterilised appropriately. The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We saw a small gap between the flooring and the skirting board in the decontamination room. This would not allow for effective cleaning to maintain infection prevention and control standards.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We saw a copy of the legionella risk assessment dated January 2011 and April 2013. An external company had completed water testing in November 2017 and staff at the practice carried out water temperature checks on a monthly basis as recommended in the legionella risk assessment. Some staff had completed in-house training regarding legionella. All recommendations had been actioned and records of dental unit water line management were in place.

We saw cleaning schedules for the premises. On some occasions the person completing the cleaning had not ticked/signed documentation to demonstrate cleaning undertaken. 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. We saw a copy of the clinical waste acceptance audit and consignment notes. Clinical waste was securely stored. The practice's policy regarding clinical waste was amended and updated on the day of inspection.

The infection control lead carried out infection prevention and control audits twice a year. We saw the audits for September 2018 and March and September 2019. The audit contained an action plan which recorded similar information from previous audits which therefore identified that action had not been taken to address issues identified.

## **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 made some changes to their systems for appropriate and safe handling of medicines during this inspection. We identified that appropriate dispensing information was not marked on dispensing labels. The required changes were made during this inspection.

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.

## Are services safe?

Changes were made to the systems in place for prescription pad tracking on the day of inspection including a prescription log to ensure that records were kept of NHS prescriptions as described in current guidance. We saw that prescriptions were securely stored.

The dentists were aware of current guidance with regards to prescribing medicines. An antimicrobial prescribing audit was in the process of being carried out, the audit commenced in September 2019.

### **Track record on safety, and lessons learned and improvements**

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

In the previous 12 months there had been no safety incidents. We saw that information was recorded regarding any significant events. Discussions were held at a practice meeting 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. Information regarding significant events or patient safety incidents would be documented and information would be forwarded to Dentex head office for review. An accident book was available to record patient or staff accidents. An on-line reporting form would also be completed and information sent to head office.

There was a system for receiving and acting on safety alerts. Staff 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

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

### 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. Not all clinical staff were aware of the Local Safety Standards for Invasive Procedures (LocSSIP), patient safety incidents or the Yellow card system (for reporting adverse drug reactions or medical device adverse incidents, defective medicines, and counterfeit or fake medicines within the UK). The practice manager confirmed that this would be addressed immediately.

Patients' dental records seen did not all include details of risk assessments regarding tooth wear or diagnosis. Records outlined the treatment provided, the assessments undertaken and the advice given to them.

The practice carried out some private orthodontic work. We reviewed some patient dental care records and identified that prior to any treatment the patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care. The practice used a machine to create three dimensional models of a tooth when a dental crown was required. This machine negates the need for a dental impression being taken and multiple visits to the practice.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme. The practice had been nominated in three categories for the private dentistry awards; best treatment of nervous patients, best child

friendly practice and practice of the year. The practice was the winner of the dentistry awards 2017 best practice, infection prevention and control awards 2017 and 2017 happiest award.

Comment cards received from patients reflected high patient satisfaction with the quality of the service provided. Patients commented, "always have exceptional service", "Heath dental can't possibly be faulted", "staff are always friendly, efficient and well organised". "The environment is always spotless and hygienic and welcoming". "My experience and pain levels are always monitored and feedback sought".

### Helping patients to live healthier lives

The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists/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.

Staff were 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 held regular 'children's days' where children were encouraged to visit the dental practice. We were told that staff dressed in costumes, a dressing up box was put in the waiting room and children were able to choose a costume to wear whilst at the practice, face painting was available and children were given stickers, balloons and egg timers. Staff said that it was a fun event that helped children to overcome any fear of visiting the dentist.

The principal dentist had visited a local secondary school in September 2019 and completed an assembly with school children regarding oral health and hygiene. A dental nurse regularly attended local beavers groups, primary



# Are services effective?

## (for example, treatment is effective)

schools and nurseries to provide advice and information about oral health and hygiene. The practice mascot 'snappy' attended these events with the nurse to help make the events both fun and informative.

The dentist and dental hygiene therapist 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.

Records showed 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**

Staff 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 and we saw this documented in patient records. All patients were given a written treatment plan to sign before any treatment commenced, this included a written treatment cost estimate. This could be sent by email at the patient's request. We were told that patients did not pay in advance for any treatment and all treatment would be discussed in detail at each appointment. Patients signed to demonstrate consent to treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a policy with information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Some staff had completed training regarding consent, the Mental Capacity Act and Dementia. Staff spoken with were aware of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

### **Monitoring care and treatment**

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 had audited patients' dental care records in 2016 to check that the dentists/clinicians recorded the necessary information. No patient record audits had been completed since that date.

### **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. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Staff told us that they were encouraged to keep up to date with training requirements. Staff had recently been refunded any cost of completing on-line training. In-house training was provided and staff were able to attend the local dental hospital to complete training courses.

### **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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider 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 was using an online system for referrals which enabled them to check the status of any referral to an NHS service they had made. Staff monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. We saw that staff treated patients in a kind and friendly manner at the reception desk and over the telephone. Staff had a good relationship with patients and appeared to know them well, joining in general conversations about their well-being. One patient commented “friendly staff who really get to know their patients”.

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

Patients commented positively that staff were polite, professional and caring. One patient commented that staff “listen to my needs, resolved all issues professionally and show real care and attention at all times”.

Patients said staff were compassionate and understanding. We were told “this is without a doubt the best dental practice I have ever been to. The staff, without exception are always very friendly, caring and reassuring which is what you need at a dentist”. Patients could choose whether they saw a male or female dentist.

The patient noticeboard recorded a list of practice policies and procedures that patients were able to request a copy of.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told “the dental nurses go above and beyond to reassure me when I am nervous especially (name) I always get a follow up telephone call to make sure I am comfortable”.

### Privacy and dignity

Staff respected and promoted patients’ privacy and dignity. Patients commented positively about staff and said that they were treated with dignity. One patient commented “Communication is good and I am treated with respect and dignity always”.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with

patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients’ personal information where other patients might see it.

Staff password protected patients’ electronic care records and backed these up to secure storage. They stored paper records securely.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients’ privacy. However, we noted treatment room doors had clear glass panels to one side of the top half of each door, this meant that patients or visitors to the practice could see into treatment rooms when passing the doors.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English. We were also told about multi-lingual staff that might be able to support patients. Languages spoken by staff included English, Polish, Russian and Italian.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available. Notes on patient dental care records alerted staff to the communication aids required such as a portable hearing loop for patients with a hearing impairment. We saw that a copy of the NHSE accessible information policy was available, this recorded that a magnifier was available and information could be made available in large print to help those with sight difficulties. The British Sign Language speech to text and lip speaker contact details were available and staff said that they would contact this service whenever required.

Staff helped patients and their carers find further information and access community and advocacy services. Staff said that they gave the appropriate forms to patients who were entitled to free NHS dentistry.

## Are services caring?

Staff gave patients clear information to help them make informed choices about their treatment. Dental records we reviewed showed that treatment options had been discussed with patients. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. One patient told us “you always have an informed consultation before any treatment plan is agreed”. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice’s website 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 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

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

### 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. Patients commented that staff were professional and attentive.

Staff were clear on the importance of emotional support needed by patients when delivering care. Patients new to the practice were asked to complete a wellbeing form which asked them to rate their anxiety whilst visiting the dentist. Following discussions with the patient, staff were able to put things in place to try and reduce the anxiety for that patient. For example, booking appointments at a quieter time of day. We were told that some patients preferred to wait in their car before seeing the dentist. Staff would go into the car park to inform patients when the dentist was ready to see them. Patients were able to bring family members or friends with them to their appointment. We were told that 'cinema goggles' were also available for patients who had an appointment that was due to take longer than one hour. Patients were able to choose a film to watch using the cinema goggles. Music was played in the treatment room and staff said that they always chatted to patients to try and reduce their anxiety.

New patients were able to visit the practice to have a look around and meet staff. Anxious patients were often given longer appointment times, staff tried to make patients as comfortable as possible and patients were able to ask treatment to be stopped at any time.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff sent an email or text message reminder for any appointment of longer than 30 minutes. Staff also telephoned patients to remind them of their appointment. Staff made courtesy calls to some patients after treatment. Calls were particularly made to patients who were anxious or who had received a lengthy treatment or had a dental extraction. Other calls were made at the request of the dentist.

### 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 on messages displayed on the televisions in the waiting rooms. This information was included in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Extended opening hours were provided Monday, Tuesday and Thursday when the practice opened at 8.30am and Wednesday and Friday when the practice opened at 7am. The practice was open until 6pm Monday to Wednesday and until 8pm on a Thursday. When patients attended early morning appointments up to 8.30am they were offered tea, coffee, orange juice or water and a piece of fruit or croissant after they had seen the dentist.

Patients who requested an urgent appointment were offered an appointment the same day. Appointment slots were kept free each day to be used by patients in dental pain. Patients commented "I am seen straight away in an emergency", "emergency appointments are responded to quickly". Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during

# Are services responsive to people's needs?

(for example, to feedback?)

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 manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care. An event log was kept recording details of any complaints received.

The provider had a policy providing guidance to staff on how to handle a complaint. There was also a policy for patients on how to make a complaint. A copy of this policy was on display in the waiting room. Patients could also ask for a paper copy of this or have a copy emailed to them. Pictorial information on how to make a complaint was also available. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

The practice manager was responsible for dealing with patient complaints with support provided by Dentex head

office if required. Staff confirmed that they would address any concerns immediately if this was within their power and would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received within the previous 12 months. Complaints correspondence was not all kept together, however the event log recorded details of correspondence sent. The practice manager confirmed that they would ensure that correspondence was kept with a copy of the event log in future.

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

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

### Leadership capacity and capability

We found leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Leaders 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. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

There was a clear vision and set of values and these were included on the practice website. The practice aims and objectives were set out in the practice Statement of Purpose, some of which are detailed below:

- To provide a high quality and range of dental services to the whole community, including consultations, X-Rays, routine restorative work, endodontics, treatment of periodontal disease, prostheses, cosmetic work.
- To offer patients a friendly and professional service.
- To explain the diagnosis to patients in detail, where particular attention should be given and necessary action – treatment options, costs, risks, advice, etc.
- To keep patients well-informed of costs and to discuss treatment progress at each stage, obtaining relevant consent.
- To provide detailed information and explanations to patients where a surgical procedure is necessary including risks, procedure, etc.
- To monitor patient progress, post-procedure, following clinical protocol to ensure full recovery and minimise risks.

- To arrange and agree appointments and review appointments within appropriate personal timeframe with patients.
- To undergo a complete and detailed examination of the patient's oral health with help from relevant diagnostic equipment, taking into account relevant medical history.

### Culture

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

Staff said that they were thanked for a job well done. The company paid for social events as a thank you to staff. We were told that everybody worked well together, they were well supported and able to raise issues or concerns and were encouraged to do so and had confidence that these would be addressed. Staff said that they enjoyed working at the practice, felt respected and valued. They were proud to work in the practice.

The staff focused on the needs of patients. Staff said that the main focus was on the comfort of the patient, trying to remove any anxiety about visiting the dentist. One patient told us, "Heath dental are consummate professionals and their dentistry skills and service is second to none. Always put me at ease, friendly and I would highly recommend".

We saw the provider had systems in place to deal with staff poor performance. Support was provided to the practice manager if required by the human resources department at Dentex.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Complaints were dealt with quickly as they arose, support was provided by Dentex head office if required. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Information regarding Duty of Candour was on display for staff to read, we were told that this was also discussed regularly during practice meetings.

One of the dental nurses at the practice was a trustee of a dental charity. The nurses visited Morocco once per year to provide treatments to vulnerable children helping them get out of dental pain. The practice fund raised regularly to support this charity. Information was included on the practice website.

### Governance and management

# Are services well-led?

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.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance.

## **Appropriate and accurate information**

Staff 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 provider 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**

Staff involved patients, the public, staff and external partners to support high-quality sustainable services. A monthly newsletter was sent out to patients who had agreed to receive this. This included information and updates. For example, the recent newsletter contained information regarding 'trick or treat' and sweet treats. Information regarding any charity events was also included.

The provider used patient surveys, comment cards and verbal comments to obtain patients' views about the service. A new patient survey was also completed, this questioned patients as to the reason they chose the practice. Patients were given a feedback form at the end of every appointment. Questions were asked about whether

the patient was seen on time, treatment was pain free and would they recommend the practice. We saw examples of suggestions from patients and staff the practice had acted on. For example, the practice had changed to the use of paper cups in the treatment rooms at the request of a patient as these were more environmentally friendly. Patients had requested that they would be able to choose the music played in the treatment room and neck cushions in their hygienists' room. Staff had requested daily 'huddle' meetings to discuss targets and any changes that could be made to try and ensure targets were met. We saw that 'you said we did' posters detailed the changes requested by patients and the actions taken by the practice.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We looked at the results for June to September 2019. Results were positive with the majority of patients recording that they would be extremely likely to recommend the practice.

The provider 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. The practice had a 'cheers box', staff wrote messages to each other to say thank you and left them in the cheers box. The practice manager had a 'goody box' where staff were able to choose a gift as a thank you for their hard work.

## **Continuous improvement and innovation**

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

The provider had some quality assurance processes to encourage learning and continuous improvement although improvements were required. These included audits of dental care records, radiographs and infection prevention and control. We saw that the last audit of radiographs was completed in 2017 and did not demonstrate that all clinicians were achieving the standards of image quality in audit records seen. Evidence was not available to demonstrate actions taken following the infection prevention and control audit.

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

## Are services well-led?

The whole staff team had appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. Quarterly performance review meetings were also held with self-employed staff. Key performance indicators were discussed with these staff. We were told that a newly employed clinical director would also visit the practice and discuss training needs with dentists.

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.