

CDA (MIDLANDS) LTD

# Complete Dental Bearwood

## Inspection Report

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### Overall summary

We carried out this announced inspection on 3 February 2020 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

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

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

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

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

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

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

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

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

##### **Background**

Complete Dental Bearwood is in Smethwick, West Midlands and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. A portable ramp is used to gain access to two of the treatment rooms on the ground floor as there is a small internal step. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes four dentists, ten dental nurses, including two trainee dental nurses and the practice

# Summary of findings

manager, one dental hygienist and three receptionists, including a dental nurse who also works on the reception, an assistant manager and a practice manager. The practice has six treatment rooms.

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. The registered manager at Complete Dental Bearwood is the senior partner.

On the day of inspection, we collected 24 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses, one of whom was working on the reception during the inspection, one receptionist, the assistant manager 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 to Friday from 8.45am to 5.30pm

## **Our key findings were:**

- The practice appeared to be visibly clean and well-maintained. Patients commented that the practice was always clean and appeared hygienic.
- 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 provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff 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 a culture of continuous improvement.
- Staff felt involved and supported and worked 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 information governance arrangements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

**No action** ✓

### **Are services effective?**

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

**No action** ✓

### **Are services caring?**

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

**No action** ✓

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

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

**No action** ✓

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

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

**No action** ✓

# Are services safe?

## Our findings

We found 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.

The practice manager was the safeguarding lead with support provided by the assistant manager. Staff were aware whom within the practice to contact if they had any safeguarding concerns. Up to date safeguarding information was available to all staff as a safeguarding application had been downloaded on to their phones (a free resource for healthcare professionals to increase their awareness and understanding of safeguarding requirements). Reception staff showed us the application on their phones and told us that this was an invaluable resource. We saw that safeguarding had been discussed at practice meetings, in particular staff were provided with support following recent safeguarding concerns in relation to patients attending for treatment which were identified and reported by staff at the practice. Staff discussed the processes that were followed to report these suspicions of abuse. Documentation was available regarding all actions taken, discussions held and follow up action.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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. For example, there was a small internal step to gain access to two of the ground floor treatment rooms. Alerts on patient records ensured that staff put the portable ramp in place in advance to access these treatment rooms.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced female genital mutilation (FGM). Information regarding FGM was available to staff in the practice's safeguarding policy and on the shared drive on the practice computer. A reporting map, posters and information from the Department of Health were available to provide information and guidance to staff. During the inspection posters were put on display in the patient toilet giving information and contact details to report modern-day slavery and information was made available for staff on the practice computer shared drive. We were told that the safeguarding policy would be amended to include information about modern day slavery.

Posters were on display in the patient toilet regarding domestic violence giving support telephone numbers and contact details.

The provider 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 and received updates as required. The practice manager was the infection control lead at the practice and along with another staff member had completed additional training regarding infection prevention and control to fulfil this role.

The provider had 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. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. An additional member of staff was on duty and allocated to complete the decontamination processes each day.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We discussed using other more effective forms of manual cleaning which decreased the risk of an injury from a sharp instrument. However, instruments seen on the day of inspection were all clean and staff were aware of the correct manual cleaning

# Are services safe?

procedures. Staff had received training on decontamination processes and information for staff was on display on the wall in the decontamination room describing the decontamination process.

The staff had systems in place to ensure that patient-specific dental appliances were 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 which was completed in September 2018. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

Staff from an external cleaning company cleaned each morning that the practice was open. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. The practice had the correct colour coded cleaning equipment which was stored correctly.

Daily checklists were in place to demonstrate that appropriate duties had been completed to ensure each treatment room was ready for the day and 'closed down' at the end of each day.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. A waste pre-acceptance audit was completed in August 2019 and we were shown copies of consignment notes and waste contracts. Clinical waste was stored appropriately and securely.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in November 2019 showed the practice was meeting the required standards.

The provider had a whistle blowing policy, a copy of which was on display in the staff room, this was also available on the computer shared drive. The policy 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 felt confident they could raise concerns without fear of recrimination. Staff told us that they were encouraged to speak out and raise issues for discussion.

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure. Information available in staff recruitment records demonstrated that the practice recruited staff in line with the requirements of Schedule 3 of the Health and Social Care Act 1984 (Regulated Activities) Regulations 2014.

Evidence was available to demonstrate that the correct level of disclosure and barring service (DBS) checks had been completed for all staff. The practice manager told us that where staff were employed with a DBS check undertaken recently by a previous employer, staff were asked to sign a declaration form stating that they did not have any criminal convictions. The practice manager discussed changes planned to include introducing an annual declaration form for staff to sign and completing DBS checks for all newly employed staff, unless the staff member had signed up to the update service. We were told that these changes were to be implemented within the very near future.

We were told that the practice did not regularly use agency staff. Staff within the practice were able to cover short notice or annual leave. Agency staff had been used very infrequently within the last 24 months. The practice manager confirmed that they needed to clarify the procedures regarding recruitment checks for agency staff. During the inspection the agency forwarded the practice the recruitment information that they obtained for staff. This included relevant checks such as GDC registration, DBS checks and proof of identity. The practice manager confirmed that they would ensure information regarding up to date training was also provided in future.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

# Are services safe?

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Documentation was available to demonstrate that the gas boiler was fitted in 2015 and had been regularly serviced and maintained. The date of last service was June 2019. Annual portable appliance testing took place and records were available to demonstrate this, stickers were on equipment tested showing the date of last testing. We were shown a copy of the electrical fixed wire report completed in January 2020 which did not record any issues for action.

The assistant manager completed a fire risk assessment in September 2019 in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records were available to demonstrate that the fire alarm, fire extinguishers and emergency lighting had been serviced as required. Documentation available showed that the last service took place on November 2019. Staff were keeping records to demonstrate that routine testing was taking place on emergency lighting, alarms and fire extinguishers. The assistant manager was responsible for ensuring fire safety systems were tested and serviced. Records were kept demonstrating that fire drills took place annually. The practice manager confirmed that these would be completed on a six-monthly basis or more frequently as staff are employed in future. All staff had completed fire marshal training

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

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

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

## Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed on at least an annual basis to help manage potential risk. We saw that the practice had completed a workplace safety risk assessment and various

other risk assessments had been completed. For example, risk assessments were available regarding first aid, Hepatitis B non-immunised and non-responder, sharps, manual handling and display screen equipment.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Some of the dentists were using a safer sharps system, however all dentists were responsible for use and disposal of all sharp objects. A sharps policy and a risk assessment were available which had been reviewed and updated at least annually. The sharps risk assessment required updating to include information about all sharps objects in use at the practice. Currently the risk assessment only included needles. Information posters were on display in treatment rooms and in the decontamination room regarding action to take following a sharps injury, including relevant contact details.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Risk assessment were in place as required for staff who were low responders to the vaccination or where the results of the effectiveness was not available.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

Staff knew how to respond to a medical emergency and the majority of staff had completed training in emergency resuscitation and basic life support every year. We were told that one member of staff had completed First Aid training but upon checking, it was noted this did not include resuscitation or basic life support. One the day of inspection two members of staff completed on-line training for resuscitation of adults, paediatric and new-born. We were told that one other member of staff who had recently started working at the practice was to be booked on to the next available training course.

Emergency equipment and medicines were available as described in recognised guidance apart from one size of an



# Are services safe?

oropharyngeal airway. This was ordered during the inspection. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Material safety data sheets were also available for each product in use.

The practice occasionally used agency staff. We were shown documentation to demonstrate that these staff received an induction to ensure they were familiar with the practice's systems and processes. Agency staff had access to relevant policies and procedures on the computer shared drive.

## 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 dental care records with clinicians to confirm our findings and observed that individual records were written or typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. The practice manager completed checks of prescriptions and prescription logs to ensure logs were accurate and prescriptions were available as required.

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

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

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

We saw that accidents and incidents had been recorded appropriately. The practice had an accident book and event reporting forms which were completed by staff as appropriate, including information regarding any action taken to reduce the risk of the incident re-occurring. We saw that significant events had been discussed at practice meetings.

Not all clinical staff were aware of Local Safety Standards for Invasive Procedures (LocSSIPs). The practice manager confirmed that this would be addressed immediately.

In the previous 12 months there had been no safety incidents. However, the practice manager told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. All clinicians had signed up to receive safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw that the practice manager printed off relevant information which was shared with the team and acted upon if required. Recent information received about coronavirus was on display in each treatment room.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found 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 professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patients' dental records were detailed and clearly outlined the assessments undertaken, treatment provided and any advice given. Risk rating for caries, oral cancer, tooth wear and periodontal disease were clearly recorded. Patients commented positively about treatment received. We were told that the dentist was very thorough and explained everything and another paid said that the procedure was conducted professionally, respectfully and painlessly and that the whole experience was very positive.

Staff had access to intra-oral cameras to enhance the delivery of care.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Oral hygiene advice was given to patients and one patient told us that the dentist was very helpful with cleaning information.

We were told that promotions had taken place to try and encourage children to come to the practice. For example, staff had recently attended a school parents' evening to give information to parents and children at that event and a children's colouring competition will be taking place in the near future.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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 leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Dentists had recently attended a lunch and learn session regarding the new classification of periodontal disease.

Records showed patients with 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. We saw this clearly documented in patients' records. Patients were given a written treatment plan to sign before treatment commenced. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. Staff we spoke with showed an understanding 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 had completed training regarding the Mental Capacity Act and Gillick competence and we were told that this topic was discussed at a practice meeting.

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**



# Are services effective?

(for example, treatment is effective)

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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice including agency staff had a structured induction programme. We discussed the induction process with the practice manager. We were told that new staff received a general orientation to the practice and then a more detailed induction which included

shadowing staff and being observed. Staff competence was then assessed every three months until an annual appraisal was due. Documentation seen demonstrated that where areas for improvement or further training were required this was recorded and action taken. Staff signed documentation to demonstrate that they had received induction training.

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

## **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 for treatment the practice did not provide.

# Are services caring?

## Our findings

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

### **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 welcoming, helpful and amazing. We saw staff treated patients in a kind, caring and professional manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. One patient told us that it was their daughter's first visit and staff made them feel at ease and were very patient with her. Another patient said that they were a very nervous dental patient and the dentist had always been exceptionally patient and supportive and that the dentist had gone above and beyond to make sure they understood what was happening and to reassure them.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told if there is a problem you were seen straight away.

Various policies were on display in the waiting rooms for patients to read. For example, the privacy policy giving information regarding personal data and quality assurance and complaints policies. New patients were given information about data protection and a practice leaflet. Information for patients such as a 'you said, we did' poster detailing NHS Friends and Family Test results and requests made by patients during feedback which had been actioned by the practice. The results for January 2020 were 100% positive. Information leaflets about oral health, treatments and NHS services were available for patients. Patients could record comments in a book available on the reception desk. Thank you cards were kept in this book for patients to read.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. There was a ground and first floor waiting room and a room that could be used for confidential discussions if a patient asked for more privacy. A radio was playing in the waiting room and a TV played dental information messages in the ground floor waiting room, which helped to distract/occupy patients whilst they waited to see the dentist.

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 saw that doors were closed during procedures to protect patients' privacy. Radios were also playing in treatment rooms to help distract patients.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English and for sign language interpreters. Some staff were able to speak Urdu and Punjabi and patients were told about the multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and some communication aids and easy-read materials were available. Information leaflets for patients were available in languages other than English and we were told that information about the practice and treatments could be made available in other formats and languages if required.
- Icons on the practice computer system notified staff if patients had specific requirements or a disability.

Staff helped patients and their carers find further information and access community and advocacy services.

## Are services caring?

Staff said that they gave the appropriate forms to patients and gave information about an eligibility checker so that they could check to see if they were eligible for free NHS dentistry.

Staff 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. One patient said that the dentist took time to explain things and reassure, and all staff had a good manner with children. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Patient dental records that we saw demonstrated that treatment options had been discussed with patients.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos, 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

We found 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.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff gave examples of support provided to patients who were anxious, distressed or confused. For example, holding patient's hands throughout any treatment. Staff were aware that some patients 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 and if requested staff would sit in a quiet area with the patient and chat to them whilst they waited to see the dentist. Reception staff also telephoned some patients on the morning of their appointment to remind them and to make sure they could get to the practice.

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

Two weeks before our inspection, CQC sent the practice feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service. Twenty-five cards were completed, 100% of views expressed by patients were positive. Common themes within the positive feedback were friendliness of staff, excellent care and treatment and easy access to dental appointments.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, dentists would move treatment room and see patients in a ground floor room wherever necessary.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, the use of a portable ramp internally to gain access to two of the ground floor treatment rooms. A pop-up note was

put on patient records to remind staff to put the portable ramp in place in advance of their appointment. A magnifying glass and selection of reading glasses were available to help patients with sight impairment. The practice did not have a hearing loop but staff were aware that there had been no demand for this, we were told some patients were able to lip read and we discussed the other methods used to communicate with patients with a hearing impairment. We were told that staff continued to review the need for a hearing loop.

There was a ground floor accessible toilet with hand rails and a call bell.

Staff told us that occasionally patients who attended the practice were anxious, a note was put on their records to alert the dentist of this. We were told staff would chat to patients to make them feel more at ease, they would take their time and try to reassure them. When seeing the dentist, they could ask to take a break in their treatment, music was played in treatment rooms, some patients brought their own earphones to listen to music to try and relax them. Patients were able to bring a friend or relative with them to their appointment.

Text appointment reminders were sent to patients who had given their consent. Letters could also be sent if this was the patient's preference. 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 included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day wherever possible and always within 24 hours of their phone call to the practice. Reception staff would discuss with the dentist to see if the patient could be offered a 'sit

# Are services responsive to people's needs?

(for example, to feedback?)

and wait' appointment. 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.

When the practice was closed, the telephone answer machine referred patients to the emergency on-call arrangements which were held with the NHS 111 out of hours service. Patients who had signed up to the dental plan at the practice were given a pack of information which included contact details for when the practice was closed.

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. We were told that there were no problems with appointments that they were on time with plenty of advance notice of appointments.

## **Listening and learning from concerns and complaints**

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

The practice manager 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 last 12 months. Records were kept of complaints received, responses and of action taken including discussions with staff. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. A copy of the complaint policy was on display in the waiting room. This included information about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

# Are services well-led?

## Our findings

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

### Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice manager and assistant manager were visible and approachable. Staff told us they worked closely with them 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.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### Culture

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

Staff stated they felt respected, supported and valued. Staff told us that the practice manager was extremely committed, dedicated and worked hard to ensure both patients and staff were happy. We were told that support was provided to them by the practice manager and assistant manager and everyone worked well together. Staff said they were proud to work in the practice. Social events were organised by the practice manager, some of which were partially funded by the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. All staff were included in the annual appraisal process. Staff said that they were able to request training and were encouraged to do so, discuss issues and were provided with support during appraisal meetings. Staff completed personal development plans in line with enhanced continuing professional development requirements.

The staff focused on the needs of patients. Patients were top priority and their individual needs and preferences were always considered. We noted that several patients commented on how happy they were at the practice which had resulted in them remaining with the practice. In one instance over 65 years.

We saw the provider had systems in place to deal with staff 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, and they had confidence that these would be addressed. Practice meetings were held monthly wherever possible. Staff were able to add items on to the agenda for discussion.

### Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice manager had overall responsibility for the management and clinical leadership of the practice. The practice manager and assistant manager were 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.



# Are services well-led?

A data protection officer employed by external company provided advice to the practice and completed an annual inspection regarding information governance procedures.

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, for example NHS BSA performance info, surveys, audits, external body reviews 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. Staff had completed training regarding general data protection regulations and information governance.

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

Staff involved patients, the public, staff and external partners to support the service. For example:

The provider used patient surveys and encouraged both written and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. We were told that the new practice manager had changed staff uniforms, changed chairs in the waiting rooms and introduced the television in the waiting room as a result of feedback.

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. Results of the most recently FFT were put on display in the waiting room. The NHS Choices website recorded that 10 patients responded to a recent FFT and 100% of these patients would recommend this practice. We saw that patients had left both positive and negative feedback on the NHS Choices website. The practice

manager told us that they were unable to respond to feedback as they did not have the appropriate log on authorisation but would obtain this and in future respond to all feedback.

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.

Staff were involved in charitable fund-raising days at the practice such as Christmas Jumper day and Children in Need.

## **Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation. Practice meetings were held regularly. Important information that required urgent attention was sent out to staff in the form of a memorandum. Separate meetings were held with dentists to discuss targets, we were told that a recent meeting discussed team work and how this could help staff meet targets.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records dated November 2019, hand hygiene dated December 2019 and infection prevention and control completed May and November 2019. Separate radiography audits were completed for each dentist at the practice on various dates throughout 2019. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff told us that the practice manager was passionate about her work, wanted the best for the staff and for the practice. We were told that the practice manager and assistant manager were approachable and helpful.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.