

Birchwood Dental Practice Limited

Birchwood Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 8 January 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

Birchwood Dental Practice is in Great Wyrley, Staffordshire and provides both NHS and private treatment to adults and children.

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

The dental team includes six dentists, nine dental nurses (including one senior nurse and one trainee), one dental hygienist, one dental hygiene therapist and two receptionists. The practice has five treatment rooms.

Summary of findings

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

On the day of inspection we received feedback from 28 patients.

During the inspection we spoke with three dentists (including the principal dentist), three dental nurses and one dental hygienist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 9am to 7pm, Tuesday to Friday 9am to 5.30pm and Saturday 9am to 1pm by appointment only.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Three staff required update training regarding basic life support.
- The practice had systems to help them manage risk to patients and staff although some improvements were required such as the servicing of emergency lighting and the fire alarm and the provision of electrical and gas safety certificates.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting 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:

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Review staff training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had some systems and processes to provide safe care and treatment. They did not have systems in place to report and record incidents and there was no evidence that they used learning from incidents to help them improve. Following this inspection, we were told that a system had been introduced for logging incidents and this would be discussed at the practice meeting scheduled for 21 January 2019.

There was no evidence that the fire alarm or emergency lighting had been serviced recently. The gas safety certificate and electrical wiring check certificate were dated 2011. Fire drills were taking place but these did not record details of the staff in attendance or time taken to evacuate the premises. Following this inspection, we were sent evidence to demonstrate that the practice had contacted external contractors to have the fire safety equipment and gas serviced and electrical wiring tested.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

Training information provided by the practice recorded that three staff required update training regarding basic life support.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as efficient, effective and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Patients were referred to NHS services using an on-line system.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 28 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, supportive and reassuring.

They said that they were given detailed, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services but had not used these recently. Staff were aware of patient's individual communication needs and felt that these were met. The practice did not have a hearing loop but currently staff felt that this was not required.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action





Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. A flow chart detailing how to report suspected abuse was on display in the staff kitchen. Staff were aware of the location of this information and to whom within the practice they should report safeguarding concerns. Staff were not aware that safeguarding notifications should also be reported to the CQC and the safeguarding policy did not record this. We were told that the safeguarding policy was due for review in February 2019 and would be updated to include this information. We saw evidence that staff received safeguarding training. We were told that training included information regarding adults that were in other vulnerable situations. For example, female genital mutilation (FGM). Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Following this inspection, we were sent a copy of an updated safeguarding policy which included information for staff regarding reporting FGM and notifying CQC of any safeguarding referrals.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff could report concerns to an external organisation if they did not wish to speak to someone connected with the practice. Contact details for this organisation were detailed in the whistleblowing policy. This policy was due for discussion at the next practice meeting. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan recorded contact details for external professionals to contact in the event of an emergency. A copy was kept off site by the registered manager and the senior nurse for use if the practice was not accessible.

The practice 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 practice followed their recruitment procedure.

We saw that Disclosure and Barring Service checks (DBS) had been obtained upon employment at the practice to ensure staff were suitable to work with vulnerable adults and children.

We were told that locum or agency staff had not been used at this practice. Staff employed by the practice would provide cover if required.

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

The practice had some systems in place to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, although improvements were required. A fire risk assessment had been undertaken by a member of staff at the practice, we noted that it could include more details to identify all potential fire risks in the building and mitigating actions to reduce the risk of fire.

We saw that the last gas safety certificate was dated 2011, this is required to be completed on an annual basis. The electrical wiring check was also dated 2011, this is required to be completed on a five-yearly basis. Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. There were no records to demonstrate that emergency lighting or fire alarms were regularly serviced. Records demonstrated that portable electrical appliances had been checked by an external professional. Staff were aware that annual checks of portable electrical appliances were required and we were told that a system was being introduced for these checks. Visual checks were being completed but records were not kept to demonstrate this. Following this



Are services safe?

inspection, we were sent evidence to demonstrate that the practice had contacted an electrician and a plumber regarding gas certificate, servicing of the emergency lighting, fire alarm and the electrical installation report. The electrician and plumber had contacted the practice to confirm they would arrange a date for the work to be completed.

Logs were kept of fire drills detailing the date and time of the fire drill. The names of the staff present were not recorded. It was therefore difficult for the practice to easily identify if all staff had been involved in a fire drill. There was no information regarding time taken to evacuate the premises. It was therefore difficult to identify if the fire drill had been effective or whether any actions were required.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

The practice carried out radiography audits every year following current guidance and legislation. We noted that not all X-ray units had rectangular collimation to reduce patient dosage. X-ray audits seen reported that x-rays were required to be repeated due to the poor quality and positioning. We were told that this was the reason why this equipment was not used.

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

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety although some improvements were required.

The practice's health and safety policies, procedures and risk assessments were reviewed on a six-monthly basis to help manage potential risk. The practice had access to a range of standardised risk assessments which could be adapted for use if required. The practice had current employer's liability insurance which was due for renewal in August 2019.

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 regularly. Some of the labels on sharps bins in use throughout the practice had not been completed, others had been completed but these demonstrated that the sharps bin had been in use for over three months. We were told that 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. The trainee dental nurse was awaiting a booster vaccination prior to checking the effectiveness of the vaccination. A blank risk assessment was available regarding non-immunised and non-responder staff but this had not been completed for this staff member. We were told that this would be completed immediately.

Staff knew how to respond to a medical emergency. Training information provided by the practice showed that three staff had not completed training in emergency resuscitation and basic life support within the last 12 months. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

We discussed sepsis management and identified that sepsis management had not been discussed at a clinical meeting. There was no system in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. Following this inspection, we were sent a copy of the practice meeting agenda for 21 January 2019 which recorded sepsis as a topic for training and discussion.

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

There was a Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice. We noted that cleaning chemicals were kept in an unlocked room and therefore accessible to patients. Following this inspection, we were sent confirmation to demonstrate that action had been taken to ensure these items were securely stored.

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



Are services safe?

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 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.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed in September 2017. The action plan attached to the risk assessment had not been completed, it was therefore difficult to identify if all action had been completed. The registered manager told us that all required work had been completed and the action plan would be updated. Following this inspection, we were sent evidence to demonstrate this.

Records of water testing and dental unit water line management were in place. Records showed that the temperatures for one outlet were below the required minimum. We were told that this was because the lever tap was not able to open fully due to its proximity to the wall. Following this inspection, we were sent evidence to demonstrate that a plumber had been contracted to assess this and take any necessary action.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

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) requirement.

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

Safe and appropriate use of medicines

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

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

The practice securely stored NHS prescriptions as described in current guidance. We noted that a log was not maintained of individual prescription numbers held; this presented a risk regarding the ability to identify if an individual script was taken.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice did not have systems in place to monitor or review incidents. This would help it understand risks and give a clear, accurate and current picture that may lead to safety improvements. Systems for reviewing and investigating when things went wrong were not adequate. Medical emergencies, accidents and incidents were not recorded as significant events. We were told about a medical emergency, details had been recorded on the patient's records but no other records had been completed. There was no evidence that the practice learned and shared lessons, identified themes and acted to improve safety in the practice.

Following this inspection, we were sent a copy of the practice meeting agenda for 21 January 2019 which stated that reporting and recording incidents would be discussed with staff. We were told that a new incident reporting log had been developed.

The practice signed up to receive national patient safety and medicines alerts directly from the Medicines and



Are services safe?

healthcare Products Regulatory Authority (MHRA) during this inspection. We were shown a file of information which

demonstrated that the practice had previously received and acted on these alerts. We were told that information about any future alerts would be disseminated to staff and appropriate action taken if necessary.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patient's dental care records that we saw were clearly written and audited regularly to check that they contained the relevant information.

The practice offered dental implants. These were placed by a visiting specialist who had undergone appropriate post-graduate training in this speciality. The specialist was not present on the day of our inspection. Equipment used in the placement of dental implants was not available at the practice as the specialist brought this with them when they attended the practice.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Oral health advice was given to patients during appointments. The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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

The dentist and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

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

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. All patients were given written treatment plans. Patients' dental care records we saw demonstrated this.

The practice team understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. They were also aware of Gillick competence, by which a child under the age of 16 years of age can consent for themselves. We were told that children were encouraged to take part in decision making and were given extra time if needed to process information given to them.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We were told that patients could visit the practice to discuss options before any decision was reached on the treatment to be completed.

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, three dental nurses had completed a radiography course. Senior nurses were responsible for many of the administrative tasks at the practice, providing support to the principal dentist.

Staff new to the practice had a period of induction based on a structured programme. We saw that a new induction process had recently been introduced. This involved staff undertaking training, reading policies and procedures and signing to confirm this. We were told that the induction process took approximately three months. Induction



Are services effective?

(for example, treatment is effective)

training was overseen by one of the senior dental nurses. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff spoken with confirmed that they discussed their training needs at annual appraisals. We were told that the principal dentist encouraged staff training and was supportive. We did not see evidence of completed appraisals as we were told that these were kept off site. The principal dentist and staff member had a copy of appraisal documentation. We saw a diary entry showing the date for an appraisal and another staff member told us that their appraisal was booked for January 2019.

The dental nurse we spoke with felt that there were sufficient numbers of suitably qualified staff at the practice. Dentists, hygienists and therapists always worked with chairside support provided by a dental nurse.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any referral to an NHS service they had made. Systems were also in place to monitor any private referrals made.



Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were professional, knowledgeable and friendly. We saw that staff treated patients respectfully and in a kind and caring manner. Staff were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patient Information was on display on noticeboards in the waiting rooms and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. Staff said that they took time to make patients feel at ease, treating patients as individuals in a kind and empathetic manner.

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 waiting room on the ground and first floor of the practice. Radios played music and each waiting room had a television which played either dental information or television programmes. If a patient asked for more privacy staff would take them into the office on the first floor. 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.

Closed circuit television (CCTV) cameras were in place to help monitor security at the practice. A policy was available detailing, for example the reasons for use of CCTV and who within the practice has access to CCTV footage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and discussed the various methods they used to ensure patients understood the information given to them.

- The practice had not used interpretation services in the past as all patients were able to speak and understand English. We were told that interpreter services would be used if necessary in the future. Staff at the practice could communicate in Punjabi if required.
- Staff communicated with patients in a way that they could understand. Information could be printed in larger print for those patients with sight impairment and could be printed off in languages other than English if requested. The practice did not have a hearing induction loop but staff were able to communicate by writing information down or patients could bring an interpreter with them.

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

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, videos and X-ray images. Educative demonstrations were available on the practice's computer system.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. Ground floor treatment rooms were available for patients who were unable to use the stairs. Anxious patients were booked in with a dentist who had a calming demeanour. Patients feedback that the dentists made them feel at ease.

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

A note was put on the records of patients who were anxious, to alert the dentist. We were told that longer appointments could be given to these patients if required. Patients could bring a friend or relative with them to their appointment. One patient wore headphones to listen to music whilst having treatment which helped them feel relaxed. Reception staff said that anxious patients who found it unsettling to wait in the waiting room before an appointment could be given an appointment first thing in the morning or the first appointment after lunch to avoid any wait.

Patients described high levels of satisfaction with the responsive service provided by the practice. The practice used social media to update patients regarding any temporary changes at the practice. For example, patients were informed of local road works which made travel to the practice difficult.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, an accessible toilet with hand rails and a call bell. There was a lowered area at the reception desk to enable those who used wheelchairs to speak directly with staff.

Staff sent text and email reminders to patients who had booked an appointment for a routine examination. Follow up phone calls were made to anxious patients or to those who had a difficult extraction or lengthy treatment.

The practice offered patients private payment plans to help spread the cost of dental treatment. NHS fees were on display in the waiting room at the practice.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice operated a short notice cancellation list and telephoned patients who had requested this service, to offer an earlier appointment slot.

The practice displayed its opening hours in the premises, and included it on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. If no appointment slots were available patients would be offered a sit and wait appointment. Patients had enough time during their appointment and did not feel rushed. The practice completed a waiting time audit every three months. Action was taken to address issues identified. For example, extra times were allocated for some treatments such as extractions. The practice's patient satisfaction survey asked questions regarding ease of booking appointments, waiting times for appointments and requested information regarding patient preferences. Positive responses were recorded in those surveys seen. 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 111 out of hour's service. The practices' website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. A separate emergency phone number was available for private patients. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. A copy of the complaints procedure was on display in the waiting room for patients to view. A copy of the practice's information leaflet was emailed to new patients. This included information regarding confidentiality and complaints.

Two of the senior nurses were responsible for dealing with complaints. Staff would tell them about any formal or



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

informal comments or concerns straight away so patients received a quick response. Any verbal concerns raised directly with dentists were recorded by them and information was used to identify any trends.

The senior nurses aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. The practice had responded to both positive and negative comments posted on the NHS Choices website. Patients who had left negative comments were given an apology and encouraged to contact the practice to enable

them to investigate their concerns. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

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

Are services well-led?

Our findings

Leadership capacity and capability

We found the registered manager had the capacity and skills to deliver high-quality, sustainable care. Senior staff and the registered manager demonstrated they had the experience, capacity and skills to deliver the practice strategy and address most of the risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

Culture

The practice had a culture of high-quality sustainable care. Three of the staff we spoke with had worked at the practice between 12 and 36 years. Staff stated they felt respected, supported and valued. Staff said that they worked well together and enjoyed their jobs. They were proud to work at the practice. We were told that the practice focused on the needs of patients and always put patients' needs first.

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

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed. We were told that the registered manager was approachable and helpful. Staff could speak out at practice meetings and add items to the agenda to be discussed at these meetings.

Governance and management

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

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was responsible for the day to day running of the service with support provided by senior nursing and reception staff. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were processes for managing risks, issues and performance. Whilst we identified some areas that required some review, the provider took immediate and responsive action to ensure that the issues were effectively managed.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys and verbal comments to obtain patients' views about the service. We saw the results of recent feedback and saw that overall patients were satisfied with the service provided. Positive comments were recorded on surveys seen. Thank you cards sent by patients were on display in the waiting room.

Patients were able 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 were shown the results and saw that the practice rarely received feedback via this method. Results seen were positive.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

Are services well-led?

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

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

We were told that the whole staff team had annual appraisals but these records were not available for review. Staff spoken with confirmed that appraisals took place. We saw a diary entry showing that an appraisal meeting had been planned.

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.