Dr Nigel Cranstoun

Robin Hood Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 15 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Dr Nigel Cranstoun, Robin Hood Dental Practice is in Hall Green, Birmingham and provides private treatment to adults and children. The provider, Dr Cranstoun is one of three dentists who work in the same building under a separate registration with the Care Quality Commission (CQC). Some of the facilities and staff are shared between each practice located in the building. For example, the receptionist, reception area, toilets, staff room, waiting area, hygienist area and first floor X-ray facilities are used by all three dental practices under an expense sharing agreement. This report will make references to the practice but this inspection only related to the services provided by Dr Nigel Cranstoun.

Summary of findings

A portable ramp is available to provide access for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for blue badge holders, are available at the front of the practice. Parking is also available on local side roads.

The dental team includes one dentist, two dental nurses, two receptionists and a cleaner. Dr Cranstoun also refers patients if necessary to one of the two self-employed dental hygienists or the dental hygiene therapist who also work at the service. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we received positive feedback from 41 patients

During the inspection we spoke with the principal dentist, two dental nurses and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 8.30am to 5pm and Friday 8.30am to 4.30pm. The practice is closed for lunch each day between 1pm to 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance. The practice nurses shared the infection prevention and control lead role. HTM01-05 recommends that one member of staff has this role.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Some changes were required to be made to the risk assessment regarding substances hazardous to health and this was completed following this inspection.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Dental nurses had worked at the practice for over 27 years, reception staff were employed within the last two years. Suitable staff recruitment procedures were completed for these newly employed staff.
- The clinical staff provided patients' care and treatment in line with current guidelines. Patients reported that they received a high-quality service which they were happy with.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. Some improvements were required to the area used by the hygienist and hygiene therapist to maintain privacy and dignity of patients using this service. Following this inspection we were told that quotes were being obtained for work to be completed.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Patients told us that the practice were accommodating and they were always seen quickly if they had any dental pain.
- The practice had effective leadership and culture of continuous improvement. Staff said that they worked well as a team and were proud to work at the practice.
- The practice asked patients for feedback about the services they provided. Positive responses were received from patients. Information from completed Care Quality Commission comment cards gave us a positive picture of a professional, caring, high quality service provided by friendly, knowledgeable staff. Many patients had been attending this practice for over 30 years and some stated that they travel over 200 miles to attend the practice.

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

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular the introduction of a lone workers risk assessment for when the dental hygienist or hygiene therapist worked without chairside support.

Summary of findings

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017

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?

No action

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

The practice had systems and processes to provide safe care and treatment. Some significant events had been reported at the practice, there was no documentary evidence to demonstrate that these had been discussed with staff to help learning. Staff were able to discuss events and confirmed that these had been informally discussed.

Staff received training in safeguarding 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.

Are services effective?

No action

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 thorough, high caliber and professional. The dentists discussed treatment with patients so they could give informed consent, dental care records did not always record the options risks and benefits of treatment discussed with patients. Patients told us that treatment options were always discussed in detail.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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

Are services caring?

No action

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

We received feedback about the practice from 41 people. Patients were positive about all aspects of the service the practice provided. They told us staff were sensitive, caring and kind. Some patients told us that they travelled many miles to visit the dental practice and the majority had been attending this dental practice for over 30 years.

They said that they were given detailed, helpful, 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.

Summary of findings

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs and provided some facilities for disabled patients. This included a portable ramp and a ground floor treatment room. The practice had recently purchased a hearing loop but this was not connected for use. A member of staff could communicate using basic sign language. We were told that information about the practice's services could be provided in large print or other languages if required. The practice had access to telephone and face to face interpreter services.

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

Are services well-led?

No action

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 practice 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 & 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. Contact details for the external agencies involved in investigating safeguarding concerns were on display and easily accessible to staff. Staff could not confirm that these contact numbers had been checked within the last 12 months to ensure that they were correct. We were told that this would be done immediately. Following this inspection, we were told that these contact details had been checked and were correct. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff were aware of the systems in place at the practice to report suspicions of abuse. There was 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. A copy of this policy was available in the policy folder and was on display in the staff kitchen. Contact details of the external organisation, public concern at work was recorded on the policy. This enabled staff to anonymously report poor practice. Staff told us they felt confident they could raise concerns without fear of recrimination. We were told that the principal dentist encouraged staff to speak out and always listened and acted upon what they had to say.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient there were no other methods used to protect the airway or secure the endodontic file.

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

The dental nurses had both worked at this practice for over 27 years. The two receptionists were the only staff newly employed at the practice. We looked at the recruitment files of the receptionists. We saw that the disclosure and barring service (DBS) check for one member of staff was from a previous place of employment, for a different job role and was completed in 2010. We were also told that the dental nurses did not have DBS checks completed. There was no documented risk assessment in place. We were told that the risk had been reviewed for the dental nurses and it was felt that there was no risk as the staff had worked at the practice for so long. The practice's protection of vulnerable adult's policy stated that DBS checks were undertaken for staff coming into contact with vulnerable adults. This would include the dental nurses. The principal dentist confirmed that they would ensure that DBS checks were completed for these staff. Following this inspection, we were told that DBS checks were in the process of being obtained for these staff and sent documentary evidence to demonstrate that this was taking place.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw a copy of the Landlord's gas safety certificate dated July 2018 and the five-year fixed wire safety certificate dated November 2015. Certificates demonstrating that portable electrical appliances were tested on an annual basis were available. We were told that weekly visual checks were also completed on portable electrical appliances and a log was kept demonstrating this.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Logs of weekly and annual checks of this equipment were available. We saw that fire extinguishers were serviced in June 2018 and emergency lighting in August 2018. Fire drills were completed by staff in February and August each year and records were available to demonstrate this.

No action

Are services safe?

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 did not see evidence that the dentist justified and reported on all the radiographs they took. The practice carried out radiography audits following current guidance and legislation.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. A health and safety risk assessment had been completed at the practice by an external professional. An action plan was available to demonstrate actions taken to address issues raised.

The practice had current employer's liability insurance which expired in 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. We discussed the sharps risk assessment which required some updating to include matrix bands. The risk assessment did not consider the use of a system of safer sharps. We were told this risk assessment would be updated immediately.

A fire risk assessment had been completed by an external professional in July 2018. We saw that an action plan was available to address issues for action identified during this risk assessment.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. We saw evidence that BLS and separate automated external defibrillator (AED) training was offered annually was completed annually. There was no evidence on file to demonstrate that one member of staff had completed BLS training within the last twelve months. We were told that this staff member had completed this training and would provide evidence in the form of a training certificate. The staff member was booked on to the next AED course in November 2018. At the time of writing this report we were not provided with evidence that this member of staff had completed BLS training but were told that this staff member would book on to a BLS course as a matter of urgency if required.

Emergency equipment and medicines were available as described in recognised guidance. Emergency medicines were individually packaged, clearly labelled and had information available to staff detailing what the medicine was to be used for.

Staff kept records of their checks to make sure emergency medicines and equipment were available, within their expiry date, and in working order.

The practice had not developed a policy regarding sepsis. We were told that sepsis management had not been discussed at a practice meeting. Following this inspection, we were told that all clinical staff had been requested to complete e-learning regarding sepsis.

A dental nurse worked with the when they treated patients in line with GDC Standards for the Dental Team. We were told that the dental hygienists and therapists often worked alone. A nurse would be made available if this was considered necessary. We were told that there was no lone workers risk assessment for when the dental hygienist or hygiene therapist worked without chairside support.

The provider had a very brief risk assessment regarding substances that are hazardous to health. Further detailed information was required to minimise the risk that can be caused by these products. We were told that information was not available regarding products used by the cleaner at the practice. The principal dentist confirmed that this would be acted upon immediately. Following this inspection, we were sent a copy of an amended risk assessment which recorded sufficiently detailed information. Product data safety sheets were available for each hazardous substance in use at the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed

No action

Are services safe?

infection prevention and control training and received updates as required. The practice carried out infection prevention and control audits twice a year. The practice did not have a dedicated infection control lead. We were told that the nurse on duty at the time would hold this role. HTM01-05 suggests that the practice should have a nominated lead member of staff responsible for infection control and decontamination. The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance state that the practice should have appropriate management and monitoring arrangements including a clear governance structure and accountability that identifies a single lead for infection prevention. A decontamination lead should also be designated where appropriate.

The practice had suitable arrangements for cleaning, checking, sterilising and storing instruments in line with HTM01-05. Decontamination of used dental instruments took place in the treatment room as the practice did not have a dedicated decontamination room. Records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. The practice kept cleaning logs which demonstrated cleaning undertaken.

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

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 accurate and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act). We noted that a record of options, risks and benefits discussed with patients was not recorded on their records.

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 stored and kept records of private prescriptions. The practice did not dispense any medicines.

The practice did not have a policy regarding antimicrobial stewardship and there was no evidence that this had been discussed at a practice meeting.

Track record on safety

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues. There had been no patient safety incidents at the practice within the past 12 months.

The practice recorded significant events, staff had used incorrect reporting forms to record this information. There was no evidence to demonstrate that these events had been discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

The practice had an accident book and had recorded both staff and patient accidents. Completed records were kept in the accident book and had not been removed and stored separately. This would help to ensure personal information is protected and stored appropriately.

No action

Are services safe?

Lessons learned and improvements

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

The staff were not fully aware of patient safety/clinical incidents (formerly known as never events). The practice did not have a written protocol to prevent a wrong tooth extraction based on the local safety standards for invasive procedures (LOCSSIPS) tool kit for dental extractions. Following this inspection, we were told that the practice had obtained a copy of the flow chart for never events and LOCSSIPS dental extraction toolkit.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We viewed the practice's MHRA alert folder where relevant alerts had been downloaded and were available for staff to review.

No action

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 were told that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We noted in some dental care records that the options, risks and benefits of treatments were not recorded. The report on radiographs taken was not always recorded.

We received feedback from 41 patients, this included comment cards completed by patients prior to our inspection. Patients were happy with the service provided by all staff and the treatment received.

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.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The medical history form also asked patients questions regarding these topics. The practice had a selection of dental products for sale. There was a limited supply of health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice. Patients could be referred to the dental hygienist or therapist who worked at the practice if necessary.

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. Patient dental care records that we saw did not demonstrate this on each occasion. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

Monitoring care and treatment

The practice kept 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 that dental care records did not always record information regarding treatment options, risks and benefits. Patients said that treatment was discussed in detail and they were given information to help them make informed decisions.

We saw that 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 role. The dental nurses had been working at the practice for over 27 years. Staff told us that they attended external training, e-learning and external professionals visited the practice to provide basic life support training.

Staff new to the practice had a period of induction based on a structured induction programme. A member of staff told us that the induction provided them with all the information needed to do their job. We were told that staff were approachable and helpful and were available to provide assistance whilst staff were undertaking their induction training and thereafter. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

No action

Are services effective?

(for example, treatment is effective)

Staff told us they discussed training needs at annual appraisals and during informal meetings which were held on a regular basis. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

The principal dentist 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 and processes 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.

No action

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. We observed a number of interactions between the receptionist and patients coming into the practice. The receptionist was helpful and professional. There was a relaxed, friendly atmosphere at the practice.

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

Patients commented positively that staff were helpful, cheerful and accommodating. We saw that staff treated patients respectfully, in a kind and friendly manner.

Patients said staff were compassionate and understanding and that they had the utmost faith and confidence in the staff and treatment provided. One patient commented that they had received five-star treatment over many years.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told that staff made patients feel completely at ease.

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. Staff told us that if a patient asked for more privacy they would take them into another room. Staff did not leave patients' personal information where other patients might see it.

Consultations with the dentist were carried out in the privacy of the treatment room and we were told that doors were closed during procedures to protect patients' privacy. We noted that the area used by the hygienists and therapist on the first floor of the practice was open plan and patients visiting another dental practice on site would walk past this area. Discussions were held regarding the various options that could be implemented to protect the privacy and dignity of patients when visiting the hygienist or therapist. We were told that consideration would be given to the options discussed and action would be taken as appropriate. Following this inspection, we were told that a quote had been requested to provide privacy blinds in this area and we were sent evidence that a quotation appointment had been arranged.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act. Interpretation services were available for patients who did not have English as a first language. An external service could provide sign language for those who were hearing impaired and one of the dental nurses was able to communicate via sign language.

Staff communicated with patients in a way that they could understand, for example, staff said that they could write down information for patients if they were hard of hearing. Information could be printed off in large print if required.

The practice gave patients clear information to help them make informed choices. 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. Dental nurses said that they always accompanied patients back to the reception desk and double checked with them that they had understood all the information given to them and asked if they had any further questions. Patients told us that treatment was discussed and agreed fully and they were treated with care and consideration.

We saw that a list of costs was on display in the treatment room. Costs of treatment were not on display in the waiting area for patients to see prior to entering the treatment room.

No action

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. Patients described high levels of satisfaction with the responsive service provided by the practice. Patients commented that their needs were always responded to in a timely manner.

Some adjustments had been made for patients with disabilities. A portable ramp was available for wheelchair users to gain access to the front of the property and the treatment room was on the ground floor. The practice had recently purchased a hearing loop although this could not be used as it had not been connected. We were made aware that those patients who were unable to use stairs could not have an X-ray at this practice as this was located on the first floor. In these circumstances patients would be referred to a nearby practice with an accessible X-ray and we were told that patients were made aware of this when they registered with the practice.

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

We were told that the majority of patients had been visiting the practice for many years. Some patients travelled great distances to visit the practice. Staff were aware of those patients who were anxious and offered support. Staff chatted to patients to try and help them feel at ease, we were told that the dentist was very good at putting patients at ease. Comments received by patients confirmed this. Staff felt that the continuity of seeing the same staff members at each appointment also helped patients feel at ease. We were told that appointments would be tailored around the patient's needs. Longer appointment times would be given if required. Patients commented that the dentist put them at ease and that the dentist and dental nurses had outstanding chairside manner and were sensitive and kind.

There was a fish tank in the waiting room and staff felt that this helped anxious patients relax whilst waiting to see the dentist.

Staff told us that they telephoned patients following an extraction or any lengthy dental procedure; for example, root canal treatment, to ensure that they were alright. Patients who were booked in for lengthy procedures also received a telephone call to remind them of their appointment.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice displayed its opening hours in the premises.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. The receptionist said that they had recently introduced emergency appointment slots for patients in dental pain. Once these were full patients would be asked to attend the practice and sit and wait until the dentist was able to see them. We were told that patients would always be seen within 24 hours of their contact with the practice. Patients told us they had enough time during their appointment and did not feel rushed. We were told that the dentist was patient and took time to listen to any concerns, discuss options for treatment and answer any questions.

They took part in an emergency on-call arrangement with another local practice or the 111 out of hour's service. The practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care. We were told that the practice had not received any formal written complaints within the last two years. Any verbal concerns raised would be dealt with immediately and details recorded.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This was also on display in the waiting room and the treatment room.

The practice had a complaint lead who worked at another service located on the premises as part of the expense sharing agreement. This person was responsible for dealing

No action

Are services responsive to people's needs?

(for example, to feedback?)

with any complaints received. Staff told us they would tell the complaint lead about any formal or informal comments or concerns straight away so patients received a quick response.

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

No action

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care. They also had the experience, capacity and skills to deliver the practice strategy and address risks to it. The dentist was supported by two long standing dental nurses who had worked at the practice for over 27 years.

Staff told us that they had formal practice meetings; informal meetings were also held on a regular basis. Staff were encouraged to suggest improvements or raise concerns and told us that these were listened to and acted upon. Staff said that the principal dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values. Staff spoken with said that they aimed to listen to patients, be considerate and kind whilst providing high quality services which meet the needs of patients by caring, friendly professionals.

Culture

Staff said that they felt respected by the principal dentist and were proud to work at the practice. We were told that staff worked well together as part of a happy team and were valued and supported. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

The practice had a Duty of candour policy and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments. We saw that some policies did not record a date of implementation or review. We were told that the receptionist had recently taken over the role of ensuring that relevant policies were available and up to date. Once these had been reviewed, dates would be recorded. Staff had signed documentation to confirm that they had read and would work in accordance with the practice's policies. Policies, protocols and procedures were accessible to all members of staff.

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the practice. Support was provided by the two long term dental nurses. Staff knew the management arrangements and their roles and responsibilities.

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, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had commented that the rockery area in the front of the practice required maintenance. We were told that a gardener now ensured that this area was maintained. Patients had requested new magazines in the waiting area and we were told that new magazines were supplied on a regular basis.

The practice gathered feedback from staff through meetings 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.

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.

No action

Are services well-led?

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

The dental nurses and receptionists had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

We saw that staff completed a wealth of other training such as raising concerns, manual handling, audit and risk assessment and fire safety.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.