Whitecross Dental Care Limited

Whitecross Dental Care Workington

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 January 2017 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

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

Mydentist Nook Street is situated close to Workington town centre. It is part of the Mydentist group and has been owned by the current provider since 2006. It offers primarily NHS dental services. Parking is limited close to the practice but there are a number of car parks in the vicinity. The practice is not accessible to patients with disabilities and impaired mobility and to wheelchair users. Such patients are referred to the sister practice in Whitehaven.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday to Friday from 8.30am – 5pm. They are currently running a pilot late night evening on a Wednesday until 7pm

The practice is staffed by four dentists, a practice manager, one dental therapist, eight dental nurses, of which three are trainee nurses, three receptionists and a cleaner.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from five people during the inspection about the services provided. Patients commented that they found the practice excellent and that staff were professional, kind and helpful. They said they were always given good and helpful explanations about dental treatment and that the dentists listened to them. Patients commented that there was sometimes a long delay from the time of their appointment to actually seeing the dentist. There had been 10 review on the NHS Choices website of which seven were negative. CQC had also received concerning information regarding the operation of the practice.

Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, emergency medicines and equipment was available.
- The premises and equipment were clean, secure and well maintained.
- Patients' needs were assessed and care and treatment was delivered in accordance with current legislation, standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took into account patient feedback.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and for the delivery of high quality person centred care.
- Infection prevention and control procedures were in place.

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 registered provider had systems and processes in place for example, infection prevention and control, management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints, these processes were operating effectively.

Staff had received training in safeguarding adults and children, knew how to recognise the signs of abuse and who to report them to.

Staff were suitably trained and skilled, and there were sufficient numbers of staff. We saw evidence of inductions for new staff and a staff appraisal system was being implemented.

We found the equipment including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in dealing with medical emergencies.

The premises was secure and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

There was guidance for staff on decontamination of dental instruments and staff had received training in infection prevention and control.

The practice was following current legislation and guidance in relation to X-rays to protect patients and staff from unnecessary exposure to radiation.

Are services effective?

No action

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

Staff followed current guidelines when delivering dental care and treatment to patients. This included assessing and recording their medical history. Patients received an assessment of their dental needs, and treatment provided focused on their individual needs. Explanations were given to patients in a way they understood, and risks, benefits, options and costs were fully explained.

Patients' consent was obtained before treatment was provided. Patients were given a written treatment plan which detailed the treatments considered and agreed together with the fees involved. The practice kept detailed dental records.

Staff provided oral health advice and guidance to patients and monitored changes in their oral health. Patients were referred to other services where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council (GDC). Staff received training and were supported in meeting the requirements of their professional regulator.

Summary of findings

Are services caring?

No action

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

Patients commented that staff were caring and friendly. They told us they were treated with respect and they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Patients were given time to decide before treatment was commenced. Patients commented information given to them about options for treatment was helpful.

Are services responsive to people's needs?

No action

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and out of hour's appointment information was provided at the entrance to the practice and on the practice website. Patients reported that there was usually delay from their actual appointment time to seeing the dentist.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The registered provider had taken into account the needs of different groups of people, for example, people with disabilities and impaired mobility. Staff had access to interpreter services where patients required these.

Are services well-led?

No action

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

The registered provider had effective systems and processes in place for monitoring and improving services.

The practice had a new management structure in place and some of the staff had lead roles. The practice manager was new to the practice but had held managerial posts in other of the provider's practices. Staff were aware of their roles and responsibilities. Staff reported that the practice manager was approachable and helpful, and took account of their views. The culture of the practice encouraged openness and honesty and staff told us they were encouraged to raise any issues or concerns.

Summary of findings

The registered provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks.

The registered provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement, for example learning from complaints, carrying out audits and gathering patient feedback.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate and securely stored. Patient information was handled confidentially.

The practice held regular staff meetings and these were used to share information to improve future practice and gave everybody an opportunity to openly share information and discuss any concerns or issues.

Whitecross Dental Care Workington

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 5 January 2017 as a result of CQC receiving information of concern. The inspection was led by a CQC inspector who was accompanied by a specialist advisor.

During the inspection we spoke with the management team, dental nurses and receptionists. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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 therefore formed the framework for the areas we looked at during the inspection.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to report, record, analyse and learn from significant events and incidents. There were supported by a health and safety team at the providers head office. We were told that there had been no incidents or accidents within the last 12 months.

Staff had a good understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report. The practice had procedures in place to record and investigate accidents.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The practice manager knew when and how to notify CQC of incidents which could cause harm.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency (MRHA) and the Department of Health. These alerts identify problems or concerns relating to a medicine or medical and dental equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The practice manager brought relevant alerts to the attention of the staff and the dentists.

Reliable safety systems and processes (including safeguarding)

We saw the practice had systems, processes and practices in place to keep people safe from abuse.

The practice had a whistleblowing policy in place and an associated procedure to enable staff to raise issues and concerns.

The practice had a policy for safeguarding children and vulnerable adults. Staff demonstrated an understanding of the policy. The practice manager had a lead role for safeguarding and provided advice and support to staff where required. Staff were trained to the appropriate level in safeguarding and were aware of how to identify abuse and follow up on concerns.

The management team confirmed clinicians were assisted at all times by a dental nurse. If there was a shortage of available nurses, staff from other local Mydentist practices would be drafted in. If this could not happen patient appointments would be cancelled. When we spoke with staff they confirmed that this was the way the practice worked. A review of staff rota's for the month of November supported the information we were given. New staff and trainees undertook a programme of training and supervision before being allowed to carry out any duties at the practice unsupervised.

We observed the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records contained a medical history which was completed or updated by the patient and reviewed by the clinician prior to the commencement of dental treatment and at regular intervals of care. Dental care records were stored securely.

We saw the practice followed recognised guidance and current practice to keep patients safe. For example, we checked whether the dentist used dental dam routinely to protect the patient's airway during root canal treatment. The clinical support manager told us dentists routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received life support training as a team and this was repeated annually. One of the dentists provided a training refresher in medical emergencies at every staff meeting. Staff described to us how they would deal with a variety of medical emergencies. Two staff were also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the

premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records to show that the medicines and equipment were checked regularly.

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located. Scenarios regarding medical emergencies were covered during staff training.

Staff recruitment

The practice had a corporate recruitment policy and recruitment procedures in place, which reflected the requirements of current legislation. The practice manager maintained recruitment records for all dental nurses and staff in the practice. Dentist's recruitment files were managed corporately. We reviewed the recruitment record for the newest member of nursing staff, and saw all the required information was present, except for a Disclosure and Barring Service, (DBS). There was a risk assessment in place to support this. Staff employment records were stored securely to prevent unauthorised access. The practice had a comprehensive corporate induction programme in place.

Responsibilities were shared between staff, for example, there were lead roles for infection prevention and control and safeguarding. Staff we spoke to were aware of their own competencies, skills and abilities.

Monitoring health and safety and responding to risks

The practice had systems in place to assess, monitor and mitigate risks, with a view to keeping staff and patients safe.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties and to manage risks at the practice.

The registered provider had a COSHH risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, a spillage, accidental swallowing or contact with the skin.

Sharps bins were suitably located in the clinical areas to allow appropriate disposal. The registered provider had implemented a safer sharps system to dispose of used needles. The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The registered provider also ensured that clinical staff had received a vaccination to protect them against the Hepatitis B virus. People who are likely to come into contact with blood products and are at increased risk of injuries from sharp instruments should receive these vaccinations to minimise the risks of acquiring blood borne infections.

We saw a fire risk assessment had been carried out and this was reviewed every six months. The registered provider had arrangements in place to manage and mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available and fire drills were carried out annually. Staff were familiar with the evacuation procedures in the event of a fire.

Infection control

The practice had an overarching infection prevention and control policy in place underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

There was an identified dental nurse who had the lead role for infection prevention and control and undertook infection prevention and control audits six monthly.

We observed there was adequate hand washing facilities available in the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's

guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05). Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process. Packaged instruments were dated with an expiry date in accordance with HTM 01-05 guidance.

The practice had a dedicated decontamination room which was not accessible to unauthorised people. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination.

We observed the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested and maintained in accordance with the manufacturer's instructions and HTM 01-05.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The registered provider had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Actions were identified in the assessment and these had been carried out, for example, we saw records of checks and testing on water temperatures, which assisted in monitoring the risk from Legionella.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place and a cleaning schedule identifying tasks to be completed, daily, weekly and monthly. Cleaning was the responsibility of a cleaner and the dental nurses. We observed that the practice was clean, and the treatment rooms and decontamination room were clean and uncluttered. Results of the last infection prevention and control audit demonstrated that the practice was 97% compliant.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

Equipment and medicines

We observed the registered provider had systems, processes and practises in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

Staff showed us the recording system for the prescribing, storage and stock control of medicines.

We saw contracts for the maintenance of equipment, and recent test certificates for the

decontamination equipment, the air compressor and the X-ray machines. The practice carried out regular current portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate the fire alarm and extinguishers were regularly tested.

We saw the practice was storing NHS prescription pads securely and in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. We saw the dentists maintained records of the serial numbers for prescriptions issued and void. Private prescriptions were printed out when required following assessment of the patient.

Radiography (X-rays)

The practice maintained a radiation protection file which contained the required information.

The registered provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

We saw critical examination packs for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.

We observed the local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

No action

Are services safe?

Dental care records confirmed that X-rays were justified, reported on and quality assured, and we saw evidence of regular auditing of the quality of the X-ray images which demonstrated the practice was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000, (IRMER), current guidelines from the Faculty of General Dental Practice (FGDP) and national radiological guidelines, and patients and staff were protected from unnecessary exposure to radiation.

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and General Dental Council guidelines. The clinical support manager described to us how examinations and assessments were carried out. Patients completed a medical history form which included detailing health conditions, medicines being taken and allergies, as well as details of their dental and social history. The dentists then carried out a detailed examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We saw patients' signed treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that dentists explained treatments well.

We saw evidence the dentists used current National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews, guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

Health promotion and prevention

We saw staff adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice and information on dental hygiene procedures, diet and lifestyle was given to the patients in order to improve health outcomes for them. Where appropriate fluoride treatments were prescribed.

Staffing

We observed staff had the skills, knowledge and experience to deliver effective care and treatment.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development, (CPD). We saw the qualified dental professionals were registered with the GDC.

We saw staff were supported to meet the requirements of their professional registration. The practice manager had arranged to carry out training needs audit six monthly. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and resuscitation, safeguarding, infection prevention and control, and radiology. The registered provider used a variety of training methods to deliver training to staff, for example lunch and learn sessions, external courses and online learning via the corporate learning hub. Training included the GDC core subjects. The practice manager carried out checks to ensure dentists and dental nurses were up to date with their CPD. We reviewed a number of the nursing staff records and found these contained a variety of CPD, including the core GDC subjects.

Working with other services

The practice had effective arrangements in place for referrals. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment outside their competencies. Clinicians referred patients to a variety of secondary care and specialist options where required. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

Consent to care and treatment

The clinicians described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs.

No action

Are services effective?

(for example, treatment is effective)

The clinicians described to us how they obtained verbal consent at each subsequent treatment appointment.

NHS treatment costs were displayed in the waiting room and on the practice's website along with information on dental treatments to assist patients with treatment choices.

The dental nurses and the clinical support manager told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Clinicians demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentists we spoke to had an understanding of the MCA. Staff had received recent training in the MCA.

No action

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly and helpful. The practice had a separate room available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that the doors were closed at all times when patients were with the clinicians. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

From the review of the NHS Choices website and information sent directly to CQC it could be identified that there were some problems with the attitude of the receptionists. This included not advising the patient when the dentist was running late or making changes to appointments to fit in with delayed patients' needs. In discussion with the management team at the practice on the day of the inspection they told us they were aware of concerns. They had taken actions to address these by introducing new staff into the practice, for example the practice manager, and terminating other staff's contracts where required.

Involvement in decisions about care and treatment

The dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. CQC comment cards we reviewed told us treatments were always clearly explained.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. However patients told us and the practice manager confirmed that there was usually a delay from the time of the appointment to actually seeing the dentist. The clinical support manager was aware of this and was introducing a 'smarter way to work' initiative set to reduce patient waiting time.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

We saw the registered provider gathered the views of patients when planning and delivering the service via random patient surveys. Staff told us that patients were always able to provide verbal feedback.

Tackling inequity and promoting equality

The registered provider had carried out a Disability Discrimination Act audit and had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users.

The practice was not accessible to people with disabilities, impaired mobility and to wheelchair users as there were five steep steps up the practice. The building is a Victorian terraced property with surgeries on two floors. There were two surgeries on the ground floor and four on the first floor. The patient toilet was situated on the first floor. Patients with identified mobility problems were treated in the ground floor surgeries. Due to where the practice was situated the council planning department had refused the use of a portable ramp due to the proximity of the road. If patients could not manage the steps into the practice they were referred to the sister practice in Whitehaven which had full disability access.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing.

The practice made provision for patients to arrange appointments by telephone or in person and patients could choose to receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment. On the NHS Choices website patients had complained about being unable to access appointments and the practice being disorganised. The receptionist staff were not helpful when a problem occurred. We discussed this with the management team on the day of the inspection. They told us that they were aware of the concerns in the practice. A new practice manager had been introduced three months ago and other staff were encouraged to leave the practice. All receptionists were to receive ongoing training on customer care with a training session being confirmed for later this month.

Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours and out of hour's appointment information were displayed at the entrance to the practice but not on the practice website. Emergency appointments were available daily. Out of hours care was provided by the NHS emergency dental access service.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room but not on the practice website. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were included for complaints about NHS treatment. We saw complaints and comments were promptly and thoroughly investigated and responded to.

No action

Are services well-led?

Our findings

Governance arrangements

The practice was managed by the practice manager who had support from regional managers from the company, and some staff had lead roles. The experienced practice manager had been in post at the practice for three months. We saw that staff had previously not had access to suitable supervision and support in order to undertake their roles effectively. The practice manager had introduced new processes to ensure this happened in the future. There was clarity in relation to roles and responsibilities of all members of staff.

We reviewed the practice systems and processes for monitoring and improving the services provided for patients and found most of these were operating effectively.

The registered provider had arrangements in place to ensure risks were identified, understood and managed, for example, the practice manager had carried out risk assessments and put measures in place to mitigate these risks.

The practice manager had arrangements in place to ensure that quality and performance were regularly considered and used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback and carrying out a wide range of audits.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained electronically and on paper. Electronic records were password protected and data was backed up daily; paper records were stored in locked filing cabinets.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service, for example, staff meetings.

The practice had recommenced staff meetings every month. The meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of the meetings and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to medical emergencies. The practice manager also held 'flash' meetings with staff prior to the surgery opening. The clinical support manager also held separate clinical meetings with the dentists and hygienists to offer support and information.

The practice manager operated an open door policy and staff we spoke to said they could speak to the manager if they had any concerns and that both were approachable and helpful. Staff confirmed all their colleagues were supportive. There was also a corporate support line which staff could use if they felt they couldn't discuss their concerns with a member of the practice team.

Learning and improvement

There were corporate quality assurance measures in place, for example auditing, to encourage continuous improvement. We saw that the audit process had not been functioning well. The management team were aware that training was needed for staff in undertaking and reporting findings from audits. Audits we reviewed included, X-rays, record keeping and infection prevention and control. Audits did not have clearly identified actions and re-auditing had not been used to measure improvement.

Staff confirmed that learning from complaints, incidents, audits and feedback was discussed at staff meetings to share learning to inform and improve future practice.

A new system was being implemented to ensure that all staff received annual appraisals in which their performance was discussed and future training needs identified.

Practice seeks and acts on feedback from its patients, the public and staff

We saw people who use the service and staff were engaged and involved. The registered provider had a system in place to seek the views of patients about all areas of service delivery, and carried out random patient surveys using a text system. The practice manager made NHS Family and Friends forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

Staff told us they felt valued and involved. They commented that since the management changes had been implemented the morale in the practice had improved. They were encouraged to offer suggestions during staff

No action

Are services well-led?

meetings and said that suggestions for improvements to the service were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.