Miss June McCahon

Oakmor Dental Centre

Inspection Report

8 Fairfield Road
Braintree
Essex
CM7 3HF
Tel:01376 340001
Website:www.oakmor.com

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Overall summary

We carried out an announced comprehensive inspection on 14 January 2016 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

Oakmor Dental Centre offers private and NHS dental care services to adults and children. The services provided include preventative advice and treatment, routine restorative and a full range of private dental options. The practice has three treatment rooms and a spacious waiting area. The practice is open Monday to Friday 8.30am to 5pm and occasional Saturdays by prior arrangement. The premises are wheelchair accessible.

The practice has two dentists; they are supported by two part time dental hygienist/therapists, dental nurses, receptionists and a practice manager. The principal dentist 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'. 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.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection.
- There were systems in place to check all equipment had been serviced regularly.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.

Summary of findings

- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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.

There were systems and processes in place to ensure all care and treatment was carried out safely. Staff understood their responsibilities to raise concern, to record safety incidents and to report them internally and externally where appropriate.

Risk assessments, relating to the health, safety and welfare of patients were completed, reviewed and plans for mitigating reoccurrence identified and actions had been taken. The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients' medical histories were obtained and reviewed before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients consent to treatment was sought in line with legislation and guidance.

The staff employed had the correct skills, knowledge and experience to deliver effective care and treatment. The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Oral health education for patients was provided by the dentists and dental hygienists. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. The staff provided patients with treatment that was personalised specifically for them. Their assessment of treatment needs took into account current legislation and relevant nationally recognised evidence based guidance.

Patients were complimentary about the practice and told us how they were treated with dignity and respect at all times. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

Summary of findings

Staff took time to interact with patients and those close to them in a respectful, appropriate and considerate manner. Patients told us they felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Services were planned and delivered to meet the needs of the patients. Details about how to make, reschedule and cancel appointments was available to patients on the practice website and in their leaflet.

Appointment times were scheduled to ensure patients' needs and preferences were met. Staff told us all patients who requested an urgent appointment would be seen the same day. They would see any patient in pain, extending their working day if necessary. There was evidence of reasonable effort and action to remove barriers when patients find it difficult to access or use the service.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. Governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered and risks were identified, understood and managed.

The leadership and culture reflected the practices vision and values, encouraged openness and transparency and promoted delivery of high quality care. Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

Oakmor Dental Centre

Detailed findings

Background to this inspection

This announced inspection was carried out on 14 January 2016 by an inspector from the Care Quality Commission (CQC) and a specialist dental advisor.

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.

Prior to the inspection we reviewed information we held about the provider. This included information from NHS England and notifications which we had received.

During the inspection we viewed the premises, spoke with dentists, dental nurses, receptionists and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of any complaints received in the last 12 months.

We obtained the views of 21 patients who had completed CQC comment cards and we spoke with eight patients who used the service on the day of our inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

If something went wrong, people received a sincere and timely apology and were told about any actions taken to improve processes to prevent the same thing happening again. The practice maintained clear records of complaints. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentists or the practice manager. We saw evidence that incidents were documented, investigated and reflected on by the practice. We saw practice meeting minutes and staff spoken with confirmed that lessons learnt from incidents were discussed at meetings and mitigating actions shared and logged.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by the practice manager who would print a copy of the alert and discuss it with staff. Any staff not spoken with directly were asked to sign the paper copy when they had time to read it. Any alerts were put on the next meeting agenda for a full discussion. Where they affected patients, it was noted in their electronic patient record and this also alerted the dentists each time the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

The dentists and staff spoken with had a clear understanding of their responsibilities in relation to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

Reliable safety systems and processes (including safeguarding)

Openness and transparency about safety was encouraged. Staff understand and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. All staff at the practice had received safeguarding training that was relevant, and to a suitable level for their role. The registered manager was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This was confirmed by certificates seen in their continuing professional development files. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that new patients were asked to complete a medical history; these were reviewed at each appointment. The dentist was aware of any health or medicines issues which could affect the planning of a patient's treatment. These included for example any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded electronically in the patient's dental care record. Staff spoken with were able to demonstrate a good level of knowledge about the effects of patients with impaired mental capacity. They were able to explain how they would make sure they worked within the requirements of the Mental Capacity act 2005 to ensure patients were able to make an informed decision about their treatment.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice had processes and polices in place to mitigate injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

Medical emergencies

Staff had the training skills and up to date knowledge to recognise and respond appropriately to signs of deteriorating health and medical emergencies. The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Are services safe?

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use.

Staff recruitment

The practice had systems in place to ensure sufficient numbers of suitably qualified, competent skilled staff were employed to make sure patients care and treatment needs were met.

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at four staff files and found that the process had not always been followed. Two of the recently employed staff did not have sufficient character reference documentation, for example, documented references. We discussed this with the practice manager and dentist. The lead dentist informed us she had known the staff in a previous work capacity and was satisfied they were of good character. The practice manager informed us they had verbally contacted their previous employer and positive feedback had been received, however this had not been recorded in their staff files. We were informed the practice would ensure written references would be sought in the future. All members of staff working at Oakmor Dental Centre had enhanced DBS checks in their files.

All clinical staff at this practice were qualified and registered with the General Dental Council GDC. There were copies of current registration certificates and personal indemnity insurance. (Dental professionals are required to have these in place to cover their working practice).

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager and principal dentist carried out health and safety and checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, a pregnant person's risk assessment, fire evacuation procedures and risks associated with Hepatitis B. There were robust processes in place to monitor and reduce these risks so that staff and patients were safe.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan identified staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. Copies of the plan were accessible to staff and kept in the practice and by the principal dentist.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments was maintained and serviced as set out by the manufacturer's guidelines. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

There were processes in place to ensure used instruments were cleaned and sterilised, these processes were compliant with relevant guidance. Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean

processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A formal Legionella risk assessment had not been carried out by an appropriately qualified and competent person however; water tests were being carried out on a monthly basis. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems. We discussed this with the dentist and practice manager and they informed us they would ensure a formal risk assessment would be carried out in the near future.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental clinical waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

The practice maintained a comprehensive record of all equipment including dates of when maintenance contracts required renewal. The practice manager told us this helped them check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the prescribing, recording, dispensing, use and stock control of the medicines and materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

Prescription pads were stored in the treatment rooms when in use and in a locked cabinet in the office when the surgery was not in use. Prescriptions were stamped only at the point of issue to maintain their safe use. The dentist we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. The practice told us only the dentists were qualified to take X-rays. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all treatment rooms and within the radiation protection folder for staff to reference if needed.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

There was a holistic approach to assessing, planning and delivering care and treatment to people who use the practice. New evidence based techniques and technologies where available were used to support the delivery of high-quality care. The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and General Dental Council (GDC). This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and any signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients were given a copy of their treatment plan, including any fees involved. Patients spoken with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on Care Quality Commission (CQC) comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

Information about patients' care and treatment, and their outcomes, was routinely collected and monitored. This included assessments, diagnosis and referrals to other services. This information was used to improve care. Outcomes for patients at the practice were positive, consistent and met patient's expectations.

Two part time dental hygienists worked at the practice. They and the dentists provided patients with advice to improve and maintain good oral health. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken with were aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. Staff told us they often implemented this toolkit in their daily practice.

The dental hygienists focused on treating gum disease and giving advice about the prevention of decay and gum disease including advice on brushing teeth techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. The provider was aware of the training their staff had completed even if this had been done in their own time.

Records showed staff were up to date with their continuing professional development (CPD). (All dental professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support of a dental nurse

Working with other services

Are services effective?

(for example, treatment is effective)

The systems to manage and share the information that is needed to deliver effective care were coordinated across services and supported integrated care for patients at the practice. The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example orthodontic treatment. The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any serious concerns during the examination of a patient's soft tissues. The practice manager explained how advanced periodontal cases were referred for specialist treatment. (Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them).

Consent to care and treatment

Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment. Staff told us how they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option.

Patients told us the dentists were good at explaining their treatment and answering questions. We looked at a sample of ten patient records and saw discussions about treatment and patients' consent was recorded. Patients were provided with a written treatment plan for every course of treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment. The team had audited and improved their recording of verbal consent, when appropriate.

Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005 relative to dental practice. The dentists told us how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient's family and other professionals involved in the care of the patient (if that was deemed appropriate) to ensure that the best interests of the patient were met. They had not as yet needed to obtain professional help for a patient. Where patients did not have the capacity to consent, the dentist acted in their best interests and all patients were treated with dignity and respect.

Patients told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

There was a strong, visible, patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity. Relationships between patients registered at the practice were strong, caring and supportive. These relationships were highly valued by all staff and promoted by the dentists. We gathered patients' views by looking at 21 Care Quality Commission (CQC) comment cards patients had completed prior to our inspection. On the day of the inspection we spoke with eight patients.

Information from patients we spoke with and from the comment cards we viewed, gave a positive picture of their experiences. Several patients described the service they received as being excellent and described the staff team as professional, caring and pleasant. In some of the comment cards patients highlighted that their dentist listened to them and gave them enough time during appointments. Patients were also complimentary about the helpfulness of reception staff that recognised and accommodated their individual needs when they visited the practice. One comment card stated that staff always go the extra mile to accommodate them. CQC comments cards stated patients always felt listened to by all staff. Two of the cards referred to the dentists stating they were particularly gentle and one card mentioned that the dentist took into account their fears and anxieties.

We were told by staff that if they were concerned about a particular patient after receiving treatment, they would contact them at home later that day or the next day, to check on their welfare.

Patients told us they felt listened to by all staff. We observed reception staff interacting with patients before and after their treatment and speaking with patients on the telephone. Although we were able to hear appointment arrangements being made we did not hear any personal information discussed during our observations in the waiting room. Reception staff were polite and friendly in all situations

Involvement in decisions about care and treatment

Patients who were registered at the practice were active partners in their care. Staff were fully committed to working in partnership with patients. Patients' individual preferences and needs were always reflected in how their treatment was delivered. The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. All staff had received training in the Mental Capacity Act (MCA) 2005.

Patients told us that staff responded quickly and compassionately if they were in pain, distress or discomfort.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patient's individual needs and preferences were central to the planning and delivery of tailored care. The dentists were flexible, provided choice and ensured continuity of care. The practice provided patients with information about the services they offered in leaflets and on their website. The services provided included preventative advice and treatment and routine and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen that day; each dentist had designated time slots for emergency appointments.

The dentists and dental nurses we spoke with told us the appointment system gave them sufficient time to meet patient needs and they could determine the length of the appointment times. Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

Tackling inequity and promoting equality

There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets their needs and promoted equality. This included patients who had mobility restrictions. The practice is on the ground floor with wide doors and corridors. They have a larger treatment room accessible to people using a wheelchair. The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients.

Staff we spoke with explained to us how they supported patients with additional needs such as those who may be hard of hearing or sight impairment. They ensured patients were supported and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

Patients who first language was not English often brought an English speaking relative, alternatively they had access to language line. If post treatment literature was required this was supplied in English and translated to their language also.

Access to the service

Patients could access appointments and services in a way and at a time that suited them. There was a practice website with information about the practice, treatments on offer, payment options and contact details. There were general leaflets about the provider and a leaflet tailored specifically for the practice location with details of their opening times and contact details.

Appointments were booked by calling the practice, online or in person by attending the practice. All patients received a text or phone call two days before their appointment to remind them and ensure they still wanted to attend.

Feedback received from patients indicated that they were happy with the access arrangements. All the patients we spoke with were aware of how to access emergency treatment if it was required.

Staff and patients told us that appointments generally ran to time. Staff said if the dentist was running behind time they always let patients know.

Concerns & complaints

It was easy for patients to complain or raise a concern and they were treated compassionately when they did so. There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, responded to in a timely way and listened to. Improvements were made to the quality of care as a result of complaints and concerns. The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for dentists in England. There was a designated responsible person who handled all complaints in the practice. Patients were provided with information in the patient leaflet which described how complaints would be dealt with and responded to. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints,

Are services responsive to people's needs?

(for example, to feedback?)

concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room, on the practice website and in the practice leaflet.

We reviewed the complaints received over the last 12 months which had been responded to in accordance with their policy. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. It was evident from records seen that the practice had been open and transparent and where action was required it had been taken.

Are services well-led?

Our findings

Governance arrangements

There were clear vision and values, driven by quality and safety, which reflected compassion, dignity, respect and equality. We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw systems and processes were well established and operating effectively to evaluate and seek improvement in their governance and auditing practice.

Risks associated with dental treatments including risks of infection, unsafe or inappropriate treatments, premises and fire had been recognised and there were procedures in place to mitigate these risks.

There was a full range of policies and procedures in use at the practice and accessible to staff in paper files. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Records relating to the treatment of each patient were kept electronically and in paper form. We saw that the records kept were complete, legible, accurate and up to date. The practice had policies and procedures to support staff to maintain patient confidentiality. These included confidentiality and information governance and record management guidance. Patients' care records were stored electronically; password protected and regularly backed up to secure storage.

Leadership, openness and transparency

The dentist and practice manager had an inspiring shared purpose and strove to deliver and motivate staff to succeed. Throughout the inspection we saw evidence that the practice had a culture that encouraged candour, openness and honesty at all levels. Staff spoken with told us it was an integral part of the practice culture that supported organisational and personal learning. They reported the practice manager and dentists were very approachable and available for advice where needed. The dental nurses we spoke with told us they had good support to carry out their individual roles within the practice.

The practice manager told us that they encouraged staff to be open and transparent and that they led by example and did the same. We were given an example relating to an accident that occurred in the practice. The matter was fully investigated and dealt with transparently. The patient affected was given a full apology and letter of explanation outlining the results of the investigation. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The principal dentist and practice manager provided clearly defined leadership roles within the practice. Staff told us they attended the monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments, to make suggestions and provide feedback to the practice manager and principal dentists. We looked at a sample of minutes from practice meetings. We saw that information was shared in an open and transparent way.

Learning and improvement

Throughout the inspection we saw strong collaboration and support across all staff and a common focus on improving quality of care and patient's experiences. The practice had a proactive audit programme where systems and processes were continually reviewed to ensure they remained fit for purpose and any poor performance was identified and rectified. For example we saw monthly X-ray audits of all X-rays taken by dentists, Several completed audit cycles had been undertaken for treatment plans, medical history updates, hand-washing, infection control and sharps injuries. We saw analysis of these audits to identify where quality and/or safety may have been compromised and identified responses made to mitigate reoccurrence. When re-auditing had been undertaken the previous audit was reviewed and actions made previously were documented as being completed and any improvements noted.

Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Are services well-led?

The practice had monthly staff meetings where significant events and complaints were discussed and learning was disseminated. All staff had annual appraisals where learning needs and aspirations were discussed.

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

There was a strong focus on continuous learning and improvement at all levels of the organisation. Staff were encouraged to use information and regularly take time out to review performance and make improvements. The practice had systems in place to involve, seek and act upon feedback from people using the practice including carrying out annual patient satisfaction surveys. The most

recent patient survey showed a high level of satisfaction with the quality of the service provided. The results of the satisfaction survey were displayed in the waiting area.

The practice also undertook the NHS Friends and Family Test, the results of which were displayed in the waiting area.