

## Southbank Practice Limited

# Southbank Practice Limited

## Inspection Report

144 High Street  
Broadstairs  
Kent  
CT10 1JB  
Tel:01843861664  
Website:www.southbank-dental.co.uk

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### Overall summary

We carried out an announced comprehensive inspection on 11 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**

Southbank Dental Practice is a dental practice providing private treatment options for patients. The practice is located in premises in Broadstairs, Kent.

The practice has two treatment rooms, which are located on the ground floor.

The practice provides dental services to both adults and children. The practice provides private treatment. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment. The practice has a dental payment plan or patients can pay as they go.

The practice's opening hours are – Monday, Tuesday and Thursday 8.30am to 5pm, Wednesday 8.30am to 7pm and Friday 8.30am to 12pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or practice website.

The practice owner is registered with the Care Quality Commission (CQC) as a registered manager. 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.

# Summary of findings

The practice has two dentists; two qualified dental nurses, two hygienists, a receptionist and a practice administrator.

We provided CQC comment cards prior to our inspection and reviewed feedback from 15 patients plus feedback that the practice had received through surveys, comments and complaints.

## **Our key findings were:**

- The practice was visibly clean and tidy.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients at the practice gave positive feedback about their experiences at the practice.
- The practice was well equipped.
- Dentists identified the different treatment options, and discussed these with patients.
- Patients' confidentiality was maintained.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilising dental instruments.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

# 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.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role. Disclosure and Barring Service (DBS) checks had been carried out for all staff.

The practice was visibly clean and tidy and there were infection control procedures to ensure that patients were protected from potential risks. The infection control procedures followed the Department of Health guidance HTM 01-05.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



### Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began.

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients, particularly in respect of patient recalls, wisdom tooth removal and the non-prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice made referrals to other dental professionals when it was appropriate to do so. There were clear procedures for making referrals in a timely manner.

No action



### Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

We received feedback from 15 patients via CQC comment cards provided before our inspection. Patients said staff were always friendly, polite and professional. Feedback from patients identified that they felt they were treated with dignity and respect by the reception staff.

Patients said they received good dental treatment and they were involved in discussions about their dental care.

No action



# Summary of findings

Patients said they were able to express their views and opinions.

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

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

Patients said they were able to get an appointment routinely and if they were in pain or in need of urgent treatment they would usually be seen on the same day.

The practice had access for patients with restricted mobility via level access into the building. The practice had patient areas located on the ground floor. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the practice.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

**No action**



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

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Staff said the practice was a friendly place to work, and they could speak with the dentists if they had any concerns.

**No action**



# Southbank Practice Limited

## 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 11 January 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

We requested some information from the practice before the inspection such as, the practice statement of purpose, a list of staff employed and their roles and qualifications and a summary of complaints received in the last 12 months. We also reviewed the information we held about the practice and looked at the practice website.

On the day of our inspection we reviewed policies, procedures and other documents. We spoke with a dentist, two dental nurses, a hygienist, the receptionist and the practice administrator. We received feedback via CQC comment cards from 15 patients about the dental services they had received.

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.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed there had been six events occurring over the last 12 months and demonstrated that the correct action was followed. Staff when questioned, could explain what action they would need to take if an accident or incident occurred to ensure it would be dealt with appropriately; and the measures they would need to take to reduce the risk of it happening again. The practice included complaints in their significant event log and records we viewed demonstrated the practice used the information to learn and improve.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). Staff told us there had been no RIDDOR notifications made although the practice was aware of how to make these on-line.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received electronically by the practice administrator who shared them with staff when appropriate.

### Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding vulnerable adults and children. We noted that the contact numbers for the local area team were current. In addition there was a copy of the Kent multi-agency safeguarding procedures, and staff were aware of its location. The policies directed staff in how to respond to and escalate any safeguarding concerns. We spoke with staff who were aware of the safeguarding policies, they knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The relevant contact telephone numbers were on display behind reception.

The practice administrator was the identified lead for safeguarding in the practice. They had received training to

level two in child protection to support them in fulfilling that role. We saw evidence that all staff had completed safeguarding training to level 2. There had not been any safeguarding referrals made to date.

There were guidelines to guide staff in the use and handling of chemicals in the practice. The policy identified the risks associated with the Control of Substances Hazardous to Health (COSHH). There were risk assessments which identified the steps to take to reduce the risks which included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were available to staff in the COSHH file. We saw that the COSHH file had been reviewed and updated annually.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. We saw that the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. The dentist said that only dentists handled sharp instruments such as needles.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were located in accordance with the guidance which states sharps bins should not be located on the floor, and should be out of reach of small children.

Discussions with the dentist and a review of patients' dental care records identified that the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society recommend that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw the practice had a supply of rubber dam kits in the practice.

### Medical emergencies

The dental practice was equipped to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the emergency medicines and

# Are services safe?

found they were all in date and stored appropriately. We saw the practice had a designated member of staff who was responsible for checking and recording expiry dates of medicines, and replacing when necessary.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records showed the AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

All staff had completed basic life support and resuscitation training as a team in January 2016, staff told us that this was due and they were in the process of deciding on a date. Additional emergency equipment available at the practice included: airways to support breathing, manual resuscitation equipment (a bag valve mask) and a portable suction unit.

## Staff recruitment

There was a recruitment policy which outlined how staff were recruited and what checks that would need to be completed and the documents they would need to provide. We looked at the staff recruitment files to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We found that all members of staff had received a DBS check.

## Monitoring health & safety and responding to risks

The practice had a health and safety policy. In addition the practice had completed environmental risk assessments. For example there were risk assessments for: the practice in general, the autoclave, manual handling, fire, electrical safety, bodily fluids, blood borne infections and radiation (X-rays).

The practice completed fire evacuation drills every six months and we saw records that confirmed this. We saw that a fire risk assessment had been carried out in 2013 by an external company. All of the actions identified in the risk assessment had been addressed; such as, torches being available in every room/area of the building. The practice had implemented a check log to ensure the torches were working by checking them weekly and also had a supply of new batteries.

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been updated and contained information that reflected current guidance. The policy was readily available to all staff working in the practice. We saw that dental nurses and the hygienists had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures and there were records and documentation to demonstrate this.

We saw that infection control audits as recommended by HTM 01-05, were being completed on a six monthly basis.

The practice had a clinical waste contract with a recognised company. We saw that clinical waste was collected regularly. The waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam and teeth that had been removed. Amalgam is a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury. There were also spillage kits for bodily fluids which were in date.

The practice used the temporal separation method to cleaned and sterilise dental instruments as there was no central decontamination room due to the restrictions of the building. Each treatment room demonstrated a clear flow from dirty to clean areas to reduce the risk of cross contamination and infection. We observed staff wearing



# Are services safe?

personal protective equipment during the process to protect themselves from splashes and injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We saw how instruments were being cleaned and sterilised at the practice, with a dental nurse demonstrating the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice carried out manual scrubbing of instruments. After cleaning the dental instruments were rinsed under running water, we discussed this as it provided an aerosol risk. The staff assured us that they would rinse the instruments in a bowl of water to prevent the aerosol risk in future. We observed how staff examined instruments before pouching them and then placing them in an autoclave (a device for sterilising dental and medical instruments). At the completion of the sterilising process, all pouches were cooled and stored then stamped with an expiry date. The staff told us how they checked the pouched instruments to ensure they were within date or required to be re-processed before use.

We checked the records to demonstrate that equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. The records demonstrated the equipment was in good working order and being effectively maintained.

We saw records which demonstrated staff had received inoculations against Hepatitis B. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections such as Hepatitis B. We noted that one member of staff was a low responder and the practice had carried out a risk assessment to ensure that any risks to patients or staff had been reduced.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been carried out by an external company. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had identified actions, such as, regular monitoring of hot and cold water temperatures at each water outlet. We saw that these actions were being addressed and checked regularly. Dental nurses spoke to

us and explained how they ensured that the water lines that fed the dental equipment in each surgery were disinfected and maintained to ensure they were legionella free.

## Equipment and medicines

The practice kept records to demonstrate that equipment had been maintained and serviced in line with the manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been carried out.

The practice held all of the medicines needed for an emergency situation, as recommended by the British National Formulary (BNF). We saw that these medicines were regularly checked to make sure they had not expired.

We found a number of dental materials that had expired. We brought this to the attention of the dentist and other staff. Staff disposed of the expired materials during our inspection. Following our inspection we received information that explained how dental materials would be checked each month to ensure that they were in date. These checks included all dental materials held at the practice in the main stock and the materials already in use in the treatment rooms.

We saw all necessary documents that ensured us that all of the equipment, such as the autoclaves, compressor and X-ray equipment had been checked and maintained in line with the manufacturer's instructions on a regular basis.

## Radiography (X-rays)

The practice had a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had two intraoral X-ray machines (intraoral X-rays are small images taken inside the mouth).

X-rays were carried out in line with local rules that were relevant to the practice and specified equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out. The local rules are bespoke operating procedures for the area where X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area. This is a set parameter around the dental chair/patient and the lowest dose possible. Applying the local rules to each X-ray taken means that X-rays are carried out safely



## Are services safe?

The Radiation Protection file and the local rules identified who was the radiation protection supervisor (RPS) this was the principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company who were available for expert advice regarding the machinery and radiation safety. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS to be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and only by qualified staff. The RPS must be somebody who has a radiography qualification and is on the premises whilst X-rays are being conducted. The RPS has oversight of radiation safety in the practice.

Records showed the X-ray equipment had last been checked by an engineer in September 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years to ensure it is safe and working correctly. On the day of our inspection we noted that the practice did not have a Health and Safety Executive notification (HSE) that radiographs

were being taken on the premises. This was a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000. We asked the practice owner to arrange for this to be obtained and added to the radiation protection file. Following our inspection we were sent this document and were assured that the radiation protection file was now complete.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. They contained information about the patients' assessments, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental professionals. The dental care records showed a thorough examination had been completed and identified risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form at each visit. The information was transferred into the electronic records and updated at each following visit. This allowed dentists to check the patient's medical history before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient might be pregnant or had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of the timescales for recalling patients; prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart); and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

### Health promotion & prevention

The practice had a variety of information for patients in the waiting room. There were leaflets in reception and posters about treatments and health education information to patients.

Discussions with dentists and the hygienists identified that patients were assessed on an individual basis to check their risk of dental decay. This resulted in patients being offered fluoride varnish application and/or high fluoride toothpaste if they were identified as being at risk. This was

in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention. This had been produced to support dental teams in improving patients' oral and general health.

We saw examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, dentists had particularly highlighted the risk of dental disease and oral cancer.

Information on display in the reception area gave patients information and advice on stopping smoking. This included contact details for other agencies who could be of assistance.

### Staffing

The practice had two dentists; two qualified dental nurses, two hygienists, a receptionist and a practice administrator. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We looked at staff training records held in staff files and these identified that clinical staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training certificates showed how many hours training staff had undertaken together with which training courses were attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. The practice manager kept records to monitor the number of hours each dental professional had completed each year. Examples of training completed included: radiography (X-rays), infection control, and medical emergencies.

### Working with other services

The practice made referrals to other dental professionals based on risks or if a patient required treatment that was not offered at the practice. The practice had a policy for making referrals to other services. The policy identified when and how to make referrals and had a section on making urgent referrals for patients who had suspected oral cancer. This was to the maxillofacial department at the local hospital. Staff demonstrated that these were faxed through immediately to the hospital where the referral had

# Are services effective?

(for example, treatment is effective)

been made. These referrals were tracked through a log at reception, and we saw evidence that referrals had been made promptly. Patients were given details of any referral made on their behalf.

## **Consent to care and treatment**

The practice had a consent policy. The policy made reference to the different aspects of consent. The practice also had a policy regarding adults who lacked capacity and this made reference to the Mental Capacity Act 2005 (MCA) and best interest's decisions. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. Staff at the practice had completed training in the MCA and could, when questioned describe how the MCA would affect their work with patients and how they would implement it.

Consent was recorded in the practice using a treatment plan. This form recorded both consent and provided a treatment plan. The dentist discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent. A hard copy of the consent form was retained by both the practice and the patient.

Discussions with the dentist identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. However, staff said it was unusual for children to come to the practice unaccompanied by either a parent or guardian.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The reception desk was located in the waiting room. Staff said they were aware of the need for confidentiality and if it were necessary there were areas of the practice where private discussions could be carried out, such as an unused treatment room. Staff said that patients' individual treatments were discussed in the treatment room not at reception.

Patients said staff were always friendly, polite and professional. Feedback from patients identified that they were always treated with dignity and respect by the reception staff.

We observed staff members throughout the day to see how staff spoke with patients. We saw that staff were professional, polite, and welcoming. Patients who completed CQC comment cards confirmed that staff were friendly and helpful.

We saw that patient confidentiality was maintained at the practice. Patients commented about confidentiality and that they had no concerns about their confidentiality being breached. Computer screens could not be overlooked by patients standing at the reception desk. We saw that patients' dental care records were password protected and held securely.

### **Involvement in decisions about care and treatment**

Feedback from patients was positive with patients saying they were happy with the dental service they received. Patients spoke positively about the staff and said the facilities were clean and comfortable. Patients told us they felt involved in their treatment and they were encouraged to ask questions and talk with staff about any aspect of their treatment.

We spoke with a dentist about how each patient had their diagnosis and dental treatment discussed with them. We saw evidence in the patient care records of how the treatment options and costs were explained and recorded before treatment started. All patients were given a written copy of the treatment plan which included any costs that may be involved. Dental care records were of a good standard and reflected current guidance on record keeping.

Where it was necessary dentists gave patients information about preventing dental decay and gum disease. We saw examples in patients' dental care records. Dentists had discussed the risks associated with smoking and diet, and this was recorded in patients' dental care records. The practice was proactive with regard to smoking cessation advice and we saw posters and booklets in the waiting room that gave additional information.

Patients' follow-up appointments were in line with National Institute for Health and Care Excellence (NICE) guidelines.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had two treatment rooms, which were both on the ground floor.

The practice had separate staff and patient areas, to assist with confidentiality and security. We saw there was a sufficient supply of instruments to meet the needs of the practice.

Patients commented that they had not had a problem getting an appointment whether it was routine or needed in an emergency. Patients also told us they found reception staff were very helpful, friendly and approachable. Staff said that when patients were in pain or where treatment was urgent the practice had made efforts to see the patient the same day. Comment cards we viewed reflected this.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentists or the hygienists. The practice scheduled emergency slots for patients who were in pain or who required urgent treatment. In addition there was a sit and wait system for patients who were unable to get an emergency appointment but who were in pain or who required emergency treatment. Staff said that generally the practice ran to time, and waiting times were kept to a minimum.

### Tackling inequity and promoting equality

The practice was on the ground floor. Patients with limited mobility or those who used a wheelchair could access the practice easily. The practice had conducted a disability access audit in March 2016.

The practice knew how to access an interpreter should this be a necessity for either a patient that did not speak English as a first language or for sign language. Staff said the practice had not had to use interpreters in the past, but they could arrange this if needed.

### Access to the service

The practice's opening hours were –Monday, Tuesday and Thursday 8.30am to 5pm, Wednesday 8.30am to 7pm and Friday 8.30am to 12pm. This information was available for patients inside and outside of the practice, in the practice information leaflet and on the website.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message or through the practice website.

### Concerns & complaints

The practice had a complaints procedure. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction. Information about how to complain was on display in the practice leaflet.

From information received before the inspection we saw that there had been no complaints received in the 12 months prior to our inspection. However, staff confidently explained how they would deal with a complaint and how they would acknowledge and try to resolve any issues as per the practice policy.

# Are services well-led?

## Our findings

### Governance arrangements

The practice administrator, supported by the two dentists were responsible for all policies and procedural documents at the practice. We saw a number of policies and procedures and saw that they were reviewed and were relevant. We looked at the system used to update policies and protocols and saw that each month the practice manager would have policies identified that required attention from correspondence via head office. We saw that if the actions identified were not carried out they would change colour and alert the practice manager to address them.

We spoke with staff who said they understood their roles and could speak with either a dentist or the practice administrator if they had any concerns. Staff said they understood the management structure at the practice. We spoke with two members of staff who said the practice was a good place to work and they felt supported as part of the team.

We looked at a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment. Dental care records we examined were completed in line with The Faculty of General Dental Practice (FGDP) guidance on the content of dental care records.

### Leadership, openness and transparency

The practice was managed by the two dentists and the practice administrator. Staff told us that the management was easy to contact either by telephone or email if they were not on the premises and always responded promptly when contacted.

The practice conducted a variety of staff meetings which covered different subjects and addressed items concerned with the day to day running of the practice. We reviewed practice meeting minutes for November 2016. During the meeting we saw that staff had discussed medical emergencies and had carried out a refresher training on how to use the AED; and patient waiting times and how these could be reduced.

Staff at the practice said they were a close team and they were able to express their views during daily chats. Staff said dentists were approachable and were available to discuss any concerns.

Discussions with different members of staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had responded and documented three events where the duty of candour had been implemented. These three events had involved patients fully and all been resolved.

Copies of the General Dental Council's nine principles were displayed in the waiting room and staff room. This gave patients an insight into the standards they could expect from their dental practice.

The practice had a whistleblowing policy and staff could demonstrate what they would do if they felt that they needed to raise any concerns if they had any issues with a colleagues' conduct or clinical practice. They told us how they would do this both internally and with identified external agencies.

### Learning and improvement

We saw that the practice had carried out a schedule of audits throughout the year. Records showed that audits had been completed over several years demonstrating a commitment to improvement. Regular auditing allowed the practice to identify both areas for improvement, and where quality had been achieved. This was particularly in respect of the clinical areas.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). Training records at the practice showed that clinical staff were completing most of their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

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

The practice asked their patients to feedback about their experiences. Patients were offered feedback forms held at the practice or they could comment through the practice website. All of the feedback information was collated every

## Are services well-led?

six months. We reviewed the results for 2016. We looked at the formats for the survey, the questions asked and saw that it covered appointments, waiting times, information given and comfort at the practice. It also gave the opportunity for patients to suggest improvements. The results were all positive.