

Apex Dental Care Limited

Apex Dental Care - Guiseley

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 July 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

The practice provides mainly private treatment to patients of all ages but also offers private dental treatments to patients in the Guiseley area and beyond.

The dental practice has treatment rooms on the ground and first floor. There are two waiting areas, a reception area, two decontamination rooms, staff room/kitchen and office area. There are accessible toilet facilities on the ground floor of the premises. There is public parking available adjacent to the practice.

The practice has six dentists, three dental hygienists and four dental nurses; one trainee dental nurse a practice manager and four receptionists. They are also supported by area, regional and clinical support managers.

The practice is open Monday 9am to 7pm, Tuesday, Thursday 8:30am to 7pm, Wednesday 8:30am-5:30pm, Friday 8:30am to 4:00pm and Saturday 9am-12pm.

The practice manager is in the process of registering as an Registered Manager with the CQC. 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. The practice manager is in the process of registering as 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

Before the inspection we sent CQC comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 30 patients which all gave positive comments about the care and treatment received at the practice. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they could access emergency care easily and staff were sensitive to their needs and were particularly good if they were nervous or anxious about treatment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff were qualified and had received training appropriate to their roles.
- Treatment was provided in line with current best practice guidelines including the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The practice had systems to assess and manage risks to patients, including infection prevention and control and health and safety.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed. The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.

There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had effective systems in place to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR). The practice manager included a six monthly additional CPR scenario training session within the practice meeting.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Staff every morning and at lunch time to discuss any safety concerns or matters arising.

The decontamination procedures were effective and the equipment involved in the decontamination process was either new or had been regularly serviced, validated and checked to ensure it was safe to use.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, the autoclave, fire extinguishers, the air compressor and oxygen.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by staff.

There was evidence to demonstrate that staff had attended training in child protection and adult safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records included information about their current dental needs and past treatment. Patients dental care records provided detailed information about their current dental needs and past treatment. The dental care records confirmed, treatment, X-rays including grading and justification. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment promptly.

No action



Summary of findings

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing professional development (CPD).

Are services caring?

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

We received feedback from 30 comment cards and two patients on the day about the care and treatment they received at the practice. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They commented that staff had made them feel at ease and particularly nervous patients felt reassured.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

No action



Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to enable patients in a wheelchair or with limited mobility to access treatment.

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 clearly defined management structure in place and all told us they were supported

There was daily informal meetings where all staff were given the opportunity to give their views of the service. There was good arrangements in place to share information with staff by means of regular practice meetings, which were minuted for those staff unable to attend.

There was a range of policies and procedures in use at the practice which were easily accessible to staff.

No action



Summary of findings

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Key staff held the lead roles for areas such as, infection prevention and control, safeguarding, complaints and they supported the staff to identify and manage risks and helped ensure information was shared with all team members.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

Apex Dental Care - Guiseley

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 the 22 July 2016 and was led by a CQC inspector with remote access to a specialist dental advisor.

The practice sent us their statement of purpose, and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the registered manager, dentists, dental nurses and the receptionist.

We reviewed 30 CQC comment cards that had been completed and spoke with patients visiting the practice.

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 toured the practice and reviewed emergency medicines and equipment.

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 had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the process for accident and incident reporting. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings. We reviewed the significant events which had taken place within the last 12 months and these had been well documented, investigated and reflected upon by the dental practice.

The practice manager told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and actioned accordingly.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and what notifications need to be made to the CQC. The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had entries logged appropriately and processed in accordance with the practice policy. The practice forwarded details of any events to the head office who would notify the CQC as required..

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. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the

contact details for the relevant safeguarding professionals in the Leeds area. All of the staff were aware of their responsibility to safeguard people from abuse. All staff were trained to the appropriate level in adult safeguarding and child protection.

The practice followed national guidelines on patient safety, for example the dentists told us they 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.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered manager or practice co-ordinator.

Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients. This included a wide range of airways and face masks for both adults and children. The practice had two emergency bags (one on each floor) which had emergency drugs and equipment needed to meet the needs of each potential emergency.

The practice had a defibrillator (AED) to support staff in a medical emergency. (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 weekly records of checks for emergency equipment and emergency medicines were in place. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. First aid boxes were easily accessible in the practice.

Are services safe?

Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These 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. Records confirmed these checks were in place.

We looked at the recruitment files of two new members of staff and found they contained appropriate documentation. There was an induction programme for all new staff to ensure they were knowledgeable about practice policies and procedure such as health and safety requirements, practice risk assessments and patient confidentiality.

We saw the dentists and the dental hygienists were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition the providers public liability insurance covered all employees working in the practice. The parent organisation had indemnity cover for all other clinical members of staff.

Professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control, sharps disposal, emergency medicines and equipment.

The practice carried out a number of risk assessments these included fire safety, health and safety and water quality risk assessments. They also displayed a Control of Substances Hazardous to Health (COSHH) poster giving staff easy access to COSHH information. COSHH was

implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. The plan contained a list of contact numbers for staff and various contractors.

Infection control

The practice had a two decontamination rooms situated on the ground floor and first floor. The room was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. A dental nurse was the infection control lead and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We also saw the infection prevention control audit completed in July 2016, which had risk, assessed the dental practice and highlighted action to be taken if required. The practice completed six monthly audits. We noted that action plans had been completed.

Posters about good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms and the decontamination

Are services safe?

rooms were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control.

The practice had a cleaning check list for each room which was complete. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. A cleaning company was employed daily to clean the public areas of the building.

There were hand washing facilities in the treatment rooms and decontamination room and staff had access to supplies of protective equipment for patients and staff members.

The practice had systems in place for quality testing the decontamination equipment which they completed once a day; we saw records which confirmed these had taken place. The practice two decontamination rooms (one on each floor). They each had one autoclave and one washer disinfector (equipment that cleans and sterilises dental instruments and devices). There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system with sealed boxes were implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection.

Staff showed us the decontamination process and were able to demonstrate of the work flow in the decontamination area from the 'dirty' to the 'clean' zones. We observed Staff the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; also the packaging and storing clean instruments. We looked at a sample of instruments that had been placed in pouches after cleaning and this demonstrated they were clean, free from damage and appropriately dated. Staff wore eye protection and aprons throughout the cleaning stages.

We saw all sharps bins were being used correctly and located appropriately. The practice operated a "safer sharps" policy to reduce the risk of injury to staff and patients. Safer syringes had been purchased and where possible sharp items are single use only.

The practice had completed a Legionella risk assessment and sought external advice regarding the premises in August 2015. The practice met the Legionella safety guidelines and completed regular water temperature checks.. (Legionella is a germ found in the environment which can contaminate water systems in buildings). The practice had taken appropriate action to ensure the safety of the staff and patients.

Equipment and medicines

We saw the practice had an arrangement to check the portable electrical appliances (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We noted the gas safety had also been checked.

There were maintenance contracts in place for the equipment such as autoclave autoclave (a device for sterilising dental and medical instruments), washer disinfector, compressor and X-ray equipment.

We saw evidence a fire risk assessment was completed in March 2016 and the fire safety equipment was checked annually. Fire alarms were tested regularly and staff told us they regularly undertook fire drills.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The practice held a small stock of antibiotics. These were stored securely and logs were in place to ensure stock control.

Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment was located in five of the six treatment rooms. The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

Are services safe?

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

We saw all staff were up to date with their continuing professional development (CPD) training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay, gum disease or oral cancer. This was documented and also discussed with the patient.

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the FGDP.

We looked at dental care records. We found they were in accordance with the guidance provided by the FGDP. Records we reviewed showed evidence of consultations with patients and records of soft tissue examinations, diagnosis and a basic periodontal examination (BPE) (a screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). We saw patients were asked to complete a full medical history when they joined the practice. When we spoke with patients they confirmed they were asked during their visit for any changes to medical history or prescribed medicines before any course of treatment was undertaken. The dental care records we reviewed showed medical histories had been checked and updated.

We saw that six monthly patient record audits were undertaken by the practice manager and any necessary actions dealt with.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

We received feedback from patients during the visit and via CQC comment cards; we also reviewed patient surveys the practice had undertaken. Comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

Dentists were working in accordance with guidance issued in the Public Health England June 2014 publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

We noted that patients were given advice about their oral health from the dentist. The dentist told us patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about tooth brushing and prescribed high fluoride toothpastes to help reduce the decay process. We confirmed in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate.

The waiting area contained a variety of health promotion leaflets and posters that explained effective dental hygiene and how to reduce the risk of poor dental health. The medical history form patients completed included questions about smoking and alcohol consumption.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

Staffing

New staff confirmed they had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation and infection prevention and control.

Staff told us they were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process.

The dentists completed detailed pro formas or referral letters to ensure the specialist service had all the relevant information required. Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner. A copy of the referral letter was kept in the patient's dental care records. We noted that urgent referrals for suspected cancer were fast tracked under a two day response.

The practice kept a log of all referrals which had been sent. This included a list of when the letter had been sent, when any letters had been received back, any further treatment appointments required. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Patients told us they were given appropriate information to support them to make decisions about the treatment they received. Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained. The dentists told us that they ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. They confirmed individual treatment options, risks, benefits and costs were always discussed with each patient. Patients were given time to consider and make choices about which option they preferred.

The practice had a consent policy in place and staff had completed training and were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Feedback commented on how friendly, caring and attentive staff were at the practice.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage, with paper records stored in lockable storage cabinets.

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all

times when patients were being seen. Music was played in the waiting areas and conversations could not be heard from outside the treatment rooms which protected patient privacy.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. 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.

The practice displayed costs of treatments in their information leaflets available in the waiting area and on their web site. Costs were also explained to individuals as part of their ongoing dental care plan.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment that they felt listened to and were satisfied with the information they had received. They confirmed that they were made aware of all charges prior to their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and in the practice leaflet.

We looked at the recorded appointments and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this would be the same day. We confirmed that the practice scheduled longer appointments where required if a patient needed more support.

Patients we spoke with and the CQC comment cards confirmed that patients were not rushed during their consultation and were made to feel at ease. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff had completed equality and diversity training.

Reasonable adjustments had been made to the premises including hand rails, ramps and disabled toilet. Treatment areas were accessible and provided in a ground floor treatment room. Level access was available throughout the building. The practice manager had continued to review the premises and whilst the premises already accommodated wheelchairs and pushchairs, plans were now in place to further widen a ground floor treatment room to accommodate a specialised wheel chair. We noted that a temporary ramp was put into place at the main entrance for patients who were wheel chair users. However there was no buzzer for the wheel chair user to alert staff for assistance. The practice manager said that this would be added to the alterations.

The staff told us they did not have any patients whose first language was not English, however if required an interpreter service would be sought via the telephone language services.

The practice provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

Access to the service

The practice displayed its opening hours on a display board outside the premises, in the practice information leaflet and on the practice website.

The practice is open Monday 9 am to 7pm, Tuesday Thursday 8:30am to 7pm, Wednesday 8:30am-5:30pm, Friday 8:30am to 4:00pm and Saturday 9am -12pm.

Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included sending text and email message reminders.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. When the practice was closed patients who required emergency dental care were signposted to an emergency dentist (private patients) or to the NHS 111 (NHS patients). Details for patients of what to do if they have a dental emergency outside normal opening hours was also available in the practice information leaflet, web site and on the front door of the practice.

Concerns & complaints

The practice had a complaint policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. The surgery had received four complaints in the last 12 months. We confirmed that the practice had responded in line with their complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The practice manager was in charge of the day to day running of the service.

The practice manager was supported by area development manager, a regional manager and a clinical support manager. There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

Leadership, openness and transparency

We saw that the practice had weekly meetings with the dentists and monthly structured practice meetings with all staff and additional monthly meetings for the receptionists and the dental hygienists. Meetings gave staff an opportunity to openly share information and discuss any concerns or issues. Staff told us this helped them keep up to date with new developments and policies. Staff told us that there was an open culture within the practice which encouraged candour and honesty.

Learning and improvement

The practice had supported staff to access some learning and improvement opportunities. Staff received regular appraisals and were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

There was a rolling programme of clinical and non-clinical audits taking place at the practice. These included infection prevention and control, X-ray quality and record keeping. The practice manager provided individual feedback to staff and discussed the trends and themes at staff meetings, identifying where improvement actions may be needed.

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

Staff told us that information was shared and that their views and comments were sought informally and their ideas listened to. Staff we spoke with said they could raise any concerns about the practice if they needed to.

Patients surveys were rolled out continually and the results of the surveys displayed in reception. Feedback from patients had resulted in more flexible access times. Later opening times and Saturday openings were now in place.

Patients were also encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results were analysed each month and shared with staff.