

Disa Dental Limited

Holt House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 July 2015 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.

Holt House Dental practice is located close to the centre of Matlock near the railway station. There are good public transport links and car parking at the railway station.

The practice treats both private and NHS patients, with the majority (approximately 90%) being NHS. Most patients live in Matlock or the surrounding area. The practice treats patients from the whole range of ages from children to the elderly.

The practice has three dentists plus one foundation year dentist. 'The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental practices. One of the principal dentists is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has one dentist who is in their first (foundation) year of practice. In addition, the practice has one hygienist/therapist and four dental nurses plus one trainee. There was one receptionist and a practice manager.

The practice opening hours were: Monday to Thursday: 08:15 am to 5:00 pm and Friday 08:15 am to 4:00 pm.

One of the partners is the registered manager. A registered manager is a person who is registered with the

Summary of findings

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.

We viewed 18 CQC comment cards that had been completed by patients, about the services provided. All 18 comment cards had positive comments about the staff and the services provided. In addition, we spoke with three patients who all provided positive feedback about the practice and the dental treatment they had received. Comments particularly focussed on the caring nature of the staff, and how well the practice met patients' needs.

Our key findings were:

- The practice recorded and analysed significant events and complaints and shared learning with staff.
- Staff had received safeguarding and whistle blowing training and knew the procedures to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies. Appropriate medicines and life-saving equipment were readily available.

- Infection control procedures were in place and the practice followed the related guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, good practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, options and risks and were involved in making decisions.
- 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.
- The practice was well-led and staff 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

There were areas where the provider could make improvements and should:

- Review the arrangements for air flow in the decontamination room

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 and processes in place to ensure all care and treatment was carried out safely. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented.

Patients were informed if mistakes had been made and given suitable apologies. Staff had received training in safeguarding and whistle blowing and knew the signs of abuse and who to report them to. There were robust recruitment procedures in place and staff were trained and skilled to meet patient's needs. There were sufficient numbers of staff available at all times, with a backup system in times of emergency. Induction procedures were in place and completed by all new members of staff.

The practice had robust infection control procedures and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicine in use at the practice was stored safely and securely, and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

Patients received an assessment of their dental needs including taking a medical history at each visit.

Explanations were provided to patients in a way they understood and risks, benefits, options and costs were explained. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner if needed.

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

Staff had received training in the Mental Capacity Act 2005 and its relevance to dental practice.

Staff were aware of Gillick competency in relation to children under the age of 16.

Staff used the Public Health England document: 'Delivering better oral health: an evidence based toolkit for prevention.' This allowed staff to develop their role in health promotion, and to take steps to prevent tooth decay.

Are services caring?

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

Patients had provided positive feedback through comment cards and in person.

Staff at the practice treated patients with dignity and respect and maintained their privacy.

Patients said they were able to ask questions, and staff explained treatment options to them. The cost of any treatment was identified and explained before treatment began.

Summary of findings

Are services responsive to people's needs?

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

Information was readily available to patients.

The practice was accessible to patients with restricted mobility, with level access and ground floor surgeries if needed.

Patients were able to access treatment quickly in an emergency, and there were arrangements in place for patients to receive alternative emergency treatment when the practice was closed.

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. The practice was following this policy and procedure.

Are services well-led?

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

The practice had arrangements in place for monitoring and improving the services provided for patients. Regular checks and audits were completed to ensure the practice was safe and patient's needs were being met.

The practice had a full range of policies and procedures to ensure the practice was safe and met patient's needs. Responses to patients concerns or complaints had been recorded, and showed an open no blame approach.

Holt House Dental Practice

Detailed findings

Background to this inspection

The inspection took place on 9 July 2015 and was conducted by a CQC inspector and a Dentist specialist 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 asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with two dentists, one foundation year dentist, the practice manager and two dental nurses. We reviewed policies, procedures and other documents. We reviewed 18 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. We also spoke with three patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager. A dentist described a recent incident involving a patient's anaesthesia. Incident forms were completed and the practice manager showed us the forms, and identified what had been learnt from the incident. The dentist said they had support from colleagues and the incident had been analysed which had produced good outcomes for future patient care.

The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH). This included cleaning materials and other hazardous substances used within the practice. Each type of substance that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the provision of personal protective equipment for staff and patients and safe storage of hazardous materials. The practice also had data sheets from the manufacturer to inform staff what action to take in the event of a spillage or contact with the skin.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for responding to concerns about the safety and welfare of vulnerable patients. These policies were in date and had been reviewed in June 2015. Staff were aware of these policies, knew who to contact and how to refer concerns to agencies outside of the practice if necessary. They were also able to demonstrate that they understood the different forms of abuse that may occur. Training records showed that all staff at the practice had undertaken training in safeguarding adults and children in May 2015. The practice manager had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice.

Medical emergencies

The practice had procedures in place for medical emergencies. Training records showed all staff had received basic life support including the use of the automated external defibrillator (AED) (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). The most recent training having been in April 2015.

Staff were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were available if required. This was in line with the Resuscitation Council UK guidelines. We checked the emergency medicines and found that they were of the recommended type as per British National Formulary (BNF) guidance and were all in date. The room where the compressed gases were held were clearly marked with a warning sign. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice had a recruitment policy for the employment of 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 the files for each of the staff employed at the practice (twelve in total) and found that the process had been followed. Discussions with the practice manager identified exactly what information should be held at the practice.

The practice had an induction system for new staff; this was individually tailored for the job role. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practices' policies and procedures. We saw that there was an induction checklist in place. We reviewed the induction documentation for the newest member of staff and saw that the documentation was complete and detailed.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff told us that

Are services safe?

they would cover for their colleagues. The parent company for Holt House Dental Practice is Disa Dental Limited. The registered providers have another dental practice in Matlock, and in an emergency staff could cover for staff shortages from the other practice.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and risk assessments in place. The risks to staff and patients had been identified and measures had been put in place to reduce them.

The practice also had other policies and procedures to manage risks. These included infection prevention and control, a legionella risk assessment, and fire evacuation procedures. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested, and records in respect of these checks were completed consistently.

Infection control

The practice was visibly clean, tidy and organised. An infection control policy was in place, which was scheduled for six monthly review. The last review of the policy having been completed in April 2015. The policy described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The level and frequency of cleaning was detailed and checklists were available for staff to follow. The practice manager told us that the practice employed a cleaner but dental nurses had set responsibilities in each surgery. The practice had systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking) were suitably located, signed and dated and not overfilled. A clinical waste contract was in place and waste matter was appropriately sorted, and stored securely in locked containers until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a specific decontamination room that had been arranged according to the

Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices.' Within the decontamination room there were clearly defined dirty and clean areas to reduce the risk of cross contamination and infection. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, aprons and protective eye wear. We noted the hand washing sink was not easily accessible, due to large equipment being located nearby. However, the practice manager addressed the problem during the inspection, by removing the equipment or re-siting it away from the sink. Therefore, the hand washing sink was more readily accessible.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM01-05). During our inspection, a dental nurse demonstrated the decontamination process, and we saw the correct procedures were used. The practice cleaned their instruments manually and using an ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and water. Instruments were then rinsed and examined visually with an illuminated magnifying glass and sterilised in an autoclave (a device for sterilising dental and medical instruments).

The practice had two non-vacuum autoclaves designed to sterilise non wrapped or solid instruments. At the end of the sterilising procedure the instruments were dried on racks, packaged, sealed, stored and dated with a date of sterilisation and an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health. The whole process took approximately 40 minutes from start to finish. The practice had two ultrasonic baths; however, the second was being used as a backup. As a result this machine was not being routinely tested. We discussed this with the practice manager who agreed that both machines should be tested to allow confidence in the back up machine if the first one failed. The practice manager said that testing of the second machine would be started with immediate effect.

Air flow within the decontamination room was through open windows. With both windows open there would be an even air flow through the room, however if only the window on the 'dirty' side of the room was open this would produce

Are services safe?

an air flow into the clean side of the room, whereas the window on the clean side would produce the correct air flow. Consideration should be given to ensuring a positive air flow through the room, and staff advised accordingly.

The equipment used for cleaning and sterilising was maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and told us they wore clean uniforms daily. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. The needle stick injury policy was displayed in the decontamination room. A member of staff was able to describe what action they would take if they had a needle stick injury and this reflected the practice policy.

Records showed a risk assessment process for Legionella had recently been carried out. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The practice had decided against using a washer disinfectant to clean the used dental instruments, instead opting for an ultrasonic cleaner. The washer disinfectant had been removed from service. However, we observed the procedure on the decontamination room wall needed to be updated as this did not reflect the use of ultrasonic cleaners as opposed to a washer disinfectant. The practice manager agreed to update the procedure, and sent a copy of the updated procedure to CQC following the inspection.

Equipment and medicines

We viewed records which reflected that equipment in use at the practice was regularly maintained and serviced in

line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. With the last PAT tests having been completed in April 2015. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for audit purposes.

Emergency medicines were available, and located centrally, but securely for ease of use in an emergency.

Radiography (X-rays)

X-ray equipment was situated in individual surgeries and X-rays were carried out in line with local rules that were relevant to the practice and equipment. The local rules documents were displayed in each area where X-rays were carried out. In addition radiation warning signs were on the doors of surgeries 1, 2, and 4 but not surgery 3. All of which contained x-ray equipment. The practice manager said this would be addressed.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly identified. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained documentation to demonstrate the X-ray equipment had been maintained at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The practice monitored the quality of its X-rays images on a regular basis and maintained appropriate records. This ensured they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms 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. Patient's notes showed that information related

Are services safe?

to X-rays was well recorded and was in line with current guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). 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 had policies and procedures in place for assessing and treating patients. The assessment happened at the start of each consultation. The assessment included taking a medical history from new patients and updating information for returning patients. This included health conditions, current medicines being taken and whether they had any allergies.

Both dentists working during the inspection used loupes (these are devices which magnify the dentist's vision, and allow a detailed examination). Dentists were using rubber dams when completing root canal treatments in line with best practice guidelines from the British Endodontic Society. A rubber dam is a device that isolates selected teeth and safeguards the rest of the patient's mouth during treatment. Both dentists said they completed several root canal fillings and had been given specialist equipment which had further improved outcomes for patients.

The dentists we spoke with told us that each patients' diagnosis was discussed with them and treatment options and costs were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Both dentists were aware of NICE guidelines, particularly in respect of recalls of patients, anti-biotic prescribing and wisdom tooth removal. One dentist said they would carry out emergency treatment rather than prescribing antibiotics even if additional time was required for the appointment. This was in line with NICE guidance.

Staff were aware of and understood the Public Health England document: 'Delivering better oral health: an evidence based toolkit for prevention'. Staff said they regularly applied fluoride varnish to children's teeth and prescribed high fluoride toothpaste where necessary.

We reviewed 18 comment cards. Feedback we received was positive with patients expressing their satisfaction with their treatment, the staff attitude and the quality of the dentistry carried out.

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. This included the use of another practice in the group located close by in Matlock if required.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

Both dentists we spoke with said they discussed smoking, alcohol and diet with patients and the effect they might have on the patient's oral health. Patients were also signposted to other services such as smoking cessation.

Staffing

The practice had three dentists and one foundation dentist (a qualified dentist gaining experience in the practice after qualification). There was a practice manager, a dental hygienist/therapist, four dental nurses, one trainee dental nurse and one receptionist. Dental staff had appropriate professional qualifications and were registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the General Dental Council (GDC). CPD contributes to the staff members' professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place.

Staff training was monitored and training updates and refresher courses were provided. The practice had identified the training that was required for its staff and this included basic life support and safeguarding. Records we viewed showed that staff were now up to date with this training. Staff told us that they were supported in their learning and development and to maintain their professional registration.

Are services effective?

(for example, treatment is effective)

The practice had procedures in place for appraising staff performance. The records we reviewed showed that appraisals had taken place. Staff said they felt supported and involved in discussions about their personal development. They told us that the dentists were supportive and always available for advice and guidance. They also spoke highly of the practice manager whom they would approach for advice and guidance.

The practice had an induction system for new staff. Records showed that there was an induction checklist with induction to infection prevention and control. We saw that new staff had completed a full induction.

Two staff members had recently won awards from the registered provider, one for best dental nurse and one for best idea. This was for the design of a poster detailing infection control procedures at the practice, with an emphasis on protecting patients.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation or referral

to the dental hospital if the problem required more specialist attention. The practice then monitored patients after their treatment to ensure they had received a satisfactory outcome and received the necessary care after treatment.

Consent to care and treatment

The practice had a policy for consent to care and treatment. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. The dentists were also aware of and understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

Documents within the practice demonstrated staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had attended Mental Capacity Act 2005 (MCA) training. MCA 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 observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was a large open plan area. Reception staff told us that they were aware of the need for confidentiality when conversations were held in the reception area, particularly when other patients were present. They also confirmed that should a confidential matter arise, a private area was available for use either the practice manager's office or an unused surgery. Staff members told us that they never asked patients questions related to personal information at reception.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely either under lock and key or password protected on the computer.

We viewed 18 CQC comment cards that had been completed by patients, about the services provided. All 18 comment cards had positive comments about the staff and the services provided. Patients said that practice staff were kind and caring and that they were treated with dignity and respect.

The most recent disability discrimination audit identified actions that needed to be completed. For example, improved lighting over the ramp used for disabled access. Documentation and a visual check showed actions highlighted in the audit had been completed.

Involvement in decisions about care and treatment

We spoke with three patients on the day of the visit. All the comments were positive, and included comments about the cleanliness of the practice, and how caring and friendly the staff were. All three patients said that treatment was explained clearly including the cost.

Comment cards completed by patients included comments about how treatment was always explained in a way the patients could understand. Four comment cards made specific reference to staff taking the time to explain treatment options, and taking care to explain treatments clearly and provide various treatment options.

The practice information leaflet, information displayed in the waiting area and on the practice website clearly described the range of services offered to patients, the complaints procedure and information about patient confidentiality. The practice offered private treatment and the costs were clearly displayed and fee information was also available on the practice website. The practice manager said the practice was looking to update it's website to provide more information for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 48 hours or sooner if possible. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources. Five comment cards we received made reference to being seen by a dentist quickly in an emergency, and expressed appreciation for the prompt service.

Tackling inequity and promoting equality

The practice had a range of anti-discrimination policies and promoted equality and diversity. Staff were aware of these. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had a ramped access providing step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs. The premises also had a disabled toilet and baby changing facilities. The practice was located close to the town railway station on the edge of the town centre. This gave good access by all forms of public transport. Car parking was in the nearby railway car park or supermarket.

Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients with learning disabilities, or who were particularly nervous or anxious.

Access to the service

The practice was open five days per week, between 08:15 am and 5:00 pm (4:00 pm on a Friday)

The arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area and in the practice leaflet. Staff said patients could access appointments when they wanted them.

In the past an issue had been highlighted with regard to deaf patients being able to access a sign language interpreter. The practice manager said this issue had now been addressed and patients would be able to access and signing interpreter if needed.

Patients with more complex mobility or mental health needs would be referred to either the community clinic or local hospitals.

Concerns & complaints

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were included in the practice leaflet given to all new patients and accessible in the reception area and on the practice website. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that nine complaints had been received in the past twelve months. The practice manager said that complaints were identified and analysed for each member of staff. This helped to identify any trends or concerns with an individual member of staff. Issues that affected the practice as a whole were discussed at team meetings and learning points shared.

CQC comment cards reflected that patients were extremely satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. For example minutes of staff meetings identified that issues of safety and quality were regularly discussed. There were robust governance arrangements in place. This was demonstrated by audits of patient's notes and regular review and updates of policies and procedures. Staff were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff were able to demonstrate many of the policies and this indicated they had read and understood them. The practice also used a dental patient computerised record system and all staff had been trained to use it.

Leadership, openness and transparency

The dentists were friendly and welcoming and approachable. Staff said they were able to speak with the dentists and the practice manager to discuss any professional issues with them. The registered manager was not based at the practice but visited regularly. Unfortunately, they were not able to attend on the day of the inspection due to prior commitments.

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the principal dentist or practice manager if they had any concerns. We were told that there was a no blame culture at the practice and that the delivery of high quality care was integral to the running of the practice. Responses to patients concerns or complaints had been recorded, and showed an open approach.

Staff told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

We were told staff felt well cared for, respected and involved with monthly staff meetings and that alerts were e-mailed to them of any changes to policy or procedures.

Management lead through learning and improvement

In its statement of purpose Holt House Dental Practice stated its first aim was: "To deliver, in partnership, high quality, safe, effective and efficient dental care." We found staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff in improving the services provided.

We saw that dentists reviewed their practice and introduced changes to practice through their learning and peer review. This was demonstrated when one dentist elected to undertake further training when a particular issue had arisen. This decision was initiated by the dentist to further their knowledge and understanding. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

Staff said that patients could give feedback at any time they visited. The friends and family test was available in the waiting room, and patients were encouraged to complete these forms and provide feedback. Up to the time of the inspection, all feedback from this source had been positive.

The practice had systems in place to review the feedback from patients who had complained. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings and staff appraisals had been undertaken. Staff told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.