Dr. William McGorrigan

Redmires Dental Care

Inspection Report

68 Rochester Road
Lodge Moor
Sheffield
S10 4JQ
Tel: 0114 2295020
Website: www.redmiresdentalcare.co.uk

Date of inspection visit: 2 November 2015
Date of publication: 24/12/2015

Overall summary

We carried out an announced comprehensive inspection on 2 November 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.

Background

Redmires Dental Care is situated in the Lodge Moor area of Sheffield. It offers private dental treatment to adult patients and NHS dental treatment to children. They are a Denplan practice. Denplan is a UK insurance based dental plan specialist company where patients pay a monthly fee to cover dental treatments. The services provided include routine restorative dental care and preventative advice and treatment. The practice also accept referrals for endodontic treatment and dental implants.

The registered provider runs a money sharing agreement with another provider who works at the same premises. Each of the dentists are responsible for the staff who are employed and the general upkeep of the premises.

The practice has three surgeries, a decontamination room, a waiting area, a reception area and disabled toilet facilities. All facilities are on the ground floor of the premises. There is step free access to the premises.

There are three dentists, five dental nurses (who also cover reception duties), a hygiene therapist and a practice manager. They also have a specialist endodontist and a specialist oral surgeon who work on a part time basis.

The opening hours are Monday 8-30am to 6-00pm and Tuesday to Friday 8-30am to 5-00pm.

On the day of inspection 48 patients provided feedback. The patients were positive about the care and treatment

Summary of findings

they received at the practice. They told us they were treated with dignity and respect, informed of treatment options, were able to make appointments in a timely manner and were made to feel comfortable and relaxed.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Staff received training appropriate to their roles.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit.
- Patients were treated with care, respect and dignity.
- The appointment system met patients' needs.
- 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. Staff received training appropriate to their roles.

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

- Update the recruitment policy to include all documents which are required before employing new staff members.
- Aim to obtain a signed consent form for all patients.
- Remove the fabric chairs in the surgeries.
- Monitor and record fridge temperatures if emergency medicines are to be stored in the fridge.
- Aim to complete patient satisfaction surveys every year.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been some minor incidents in the last 12 months. These had been recorded, reflected upon by the practice and actions taken as a result to prevent them from happening again. If patients were involved then they would be given an apology and informed of any actions as a result of the incident. Significant events were discussed at monthly staff meetings.

Staff had received training in safeguarding patients and knew the signs of abuse and who to report them to.

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment.

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.

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 best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). 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 supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

Are services caring?

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

We reviewed feedback from 48 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs were given. Patients told us that reception staff provided a warm welcome and were friendly, helpful and considerate

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

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.

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.

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.

Patients could access routine treatment and urgent care when required and at a time which suited them. The practice offered same day emergency appointments which enabled patients to receive treatment quickly.

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 staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

They were undertaking the NHS Family and Friends Test and had completed a patient satisfaction survey in June 2013. They were about to conduct another patient satisfaction survey.

There were good arrangements in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend.

Redmires Dental Care

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.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

We informed local NHS England area team and Healthwatch Sheffield that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with two patients, one dentist, one dental nurse and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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. We saw evidence of an incident which had occurred within the last year. This had been documented, investigated, appropriate action taken and was reflected upon. An action plan had been formulated to reduce the likelihood of this occurring again. The patient had been contacted and an apology had been given. It was evident that this incident had been dealt with in an appropriate manner and the practice had shown openness and transparency.

The practice owner understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Any MHRA alerts were discussed with staff at practice meetings.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. Staff were knowledgeable about the different kinds of abuse and how to recognise these. The practice manager was the safeguarding lead in the practice and all staff had undertaken safeguarding training in the last 12 months. There had not been any referrals to the local safeguarding team; however, they were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments) and not re-sheathing a needle unless there was a rubber needle guard.

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' records were accurate, complete, legible, up to date and stored securely to keep people safe and protect them from abuse.

Medical emergencies

The practice had a policy and procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had received annual training in emergency resuscitation and basic life support as a team within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the decontamination room. There was also another oxygen cylinder in the surgery. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. These including checking that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date.

We noted that the glucagon was stored in the fridge. We were told that the fridge temperature was checked; however, this was not documented. We discussed with the dentist and practice manager that if the glucagon was to be stored in the fridge then the temperature should be recorded on a daily basis. However, if the glucagon was not going to be stored in the fridge then the expiry date must be reduced in line with current guidelines.

Staff recruitment

The practice had a staff recruitment policy for the safe recruitment of staff. However, this did not include information about seeking references, proof of identity, checking relevant qualifications and professional

registration. We saw the most recent member of staff's file and found that appropriate checks had been undertake including two references, proof of identity and checking relevant professional qualifications. It was evident that the recruitment process was robust. We advised that the recruitment policy was updated to cover the checks which they intend to do on new staff.

The practice manager told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed 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. We reviewed records of staff recruitment and these showed that all checks were in place. It was the practice's policy to get DBS checks reviewed after five years. We saw evidence that these had taken place.

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

Monitoring health & safety and responding to risks

The practice used an external company to conduct a health and safety risk assessment of the practice. This identified the potential risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Where issues had been identified, remedial action had been taken in a timely manner. We saw evidence that as a result of the latest risk assessment an alarm had been fitted to the disabled toilet and safety systems for blind cords.

There were also policies and procedures in place to manage other risks at the practice. These included infection prevention and control, fire evacuation procedures, pregnant workers, use of the autoclave and risks associated with Hepatitis B.

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

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they 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. However, we did note that in all the surgeries there were fabric chairs which could not be effectively cleaned. We discussed this with the dentist and practice manager and they informed us that as part of the refurbishment plans these would be replaced with more cleanable chairs.

There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice employed an external company to carry out an environmental cleaning audit of the practice every three months. This helped them identify areas where cleaning could be improved. These audits showed that the practice was performing well with regards to cleanliness.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had

been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath or a washer disinfector to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit in July 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in March 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). As a result of the risk assessment he practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each month and the use of a water conditioning agent in the dental unit waterlines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, the washer disinfector, the ultrasonic bath and dental chairs. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of regular servicing of the autoclave, washer disinfector, ultrasonic bath and X-ray machines.

Portable appliance testing (PAT) had been completed in September 2015 (PAT confirms that electrical appliances are routinely checked for safety).

The practice also dispensed prescription medicines including antibiotics. These were kept in a locked cupboard to ensure their safety. The practice kept a log of all prescriptions given by each dentist to ensure that there were adequate stocks present at all times and safely given and in line with current guidelines.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs or adjustments undertaken when necessary.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgery and within the radiation protection folder for staff to reference if needed.

Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every year. This involved assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken in October 2014 confirmed they were generally performing well. They were currently completing another X-ray audit at the time of our inspection.

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 dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. For example, patients at higher risk of gum disease were recalled at three monthly intervals for a hygienist appointment. This was documented and also discussed with the patient.

During the course of our inspection we discussed patient care with the dentist and checked dental care records to confirm the findings. The practice used a 15 point health mouth check which helped the dentists fully assess the overall health of a patient's mouth. These included whether the patient had any pain, issues with chewing, concerns about the appearance of their teeth, decay or wear of their teeth, any signs of gum disease or any signs of mouth cancer. After completing the 15 point check the patient received a score which could be compared to previous scores to highlight if their overall oral health had deteriorated since their last appointment. This could then be addressed.

Medical history checks were updated by each patient every time they attended for a health mouth check and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies. Patients confirmed that these medical history checks were done. Markers were used to flag up any medical conditions which may affect dental treatment including the patient being on blood thinning medication or on medication for osteoporosis.

The practice used current guidelines and research in order to continually develop and improve its system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP (selection criteria for dental radiography) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray and a report was recorded in the patient's care record.

Records and discussions with patients showed a diagnosis was discussed with them and treatment options explained. Private fee paying patients were given a copy of their treatment plan, including any fees involved.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice applied fluoride varnish to all children who attended for an examination.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. Patients were given advice regarding maintaining good oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist, confirmed by patients, that advice appropriate to their individual needs such as smoking cessation or dietary advice was given. However, this was not always fully documented in the dental care records. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the infection control procedures, showing the new staff member the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of a completed induction checklist for the most recent member of staff.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). We saw evidence that some of the nurses had requested to undertake extra training in advanced endodontic nursing and this had been completed.

Are services effective?

(for example, treatment is effective)

Records showed professional registration with the GDC was up to date for all clinical staff and we saw evidence of on-going CPD. Mandatory training included immediate life support, infection control and health, safety and fire awareness. The practice manager kept a training log for all the staff to ensure that they were all keeping up to date with their CPD requirements.

Dental nurses were supervised by the dentist and supported on a day to day basis by the practice manager. Staff told us that both the practice manager and dentist were readily available to speak to at all times for support and advice.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to the local dental hospital or orthodontist for further investigations or specialist treatment. The practice completed detailed referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. 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.

The practice also acts as a referral centre for dental implants and endodontics. Practitioners could make referrals by completing an online form or by posting a letter. When referrals are received the patient is contacted in order to arrange an initial consultation. The referral letter is stored in the patients dental care records for future reference.

After the consultation the patient received a detailed letter summarising the findings of the consultation including treatment options which had been discussed and any costs involved in the proposed treatment. A copy of this letter was also sent to the referring dentist.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. All staff had received training in the principles of the Mental Capacity Act (MCA) 2005 and were aware of how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

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. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

We saw from dental care records that treatment options were discussed with patients. However, they only obtained signed consent forms for fee paying patients. We discussed this with the dentist and practice manager and they told us that they would aim to get signed consent forms for all patients.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We witnessed interactions between patients and staff to be kind and caring.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. We observed staff were discreet and respectful to patients. Staff said that if a patient wished to speak in private an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. The paper parts of the care records were locked in cabinets when the practice was closed.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The dentist used a computerised package to assist with providing information to patients. This involves showing a 3D animation to quickly explain treatments and procedures to patients. We were told that this was a valuable process to help patients fully understand the procedure.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day. During the inspection we spoke with a patient who had called up that morning to arrange an emergency appointment. They commented that it was easy to get the emergency appointment.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. They had undertaken a disability access audit and this was reviewed on an annual basis. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included step free access to the premises and disabled toilet facilities. As a result of a recent risk assessment an alarm had been installed in the disabled toilet in case a patient required urgent assistance.

All of the surgeries were large enough to accommodate a wheelchair or pram.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday 8-30am to 6-00pm and Tuesday to Friday 8-30am to 5-00pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. When 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 telephone number which was on the telephone answering machine. There was also advice on the practice website about how to deal with dental emergencies including bleeding, a knocked out tooth, a lost filling or an abscess.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within two working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Information for patients about how to raise a concern was available in the waiting room and on the practice website. This included contact details of external organisations for patients who were not satisfied with the response given by the practice.

Are services well-led?

Our findings

Governance arrangements

The practice is a member of the British Dental Association 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

They are also a member of Denplan Excel. Denplan Excel is a framework for continuous improvement for practices who are members of the Denplan Insurance scheme.

The practice manager was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

There were a range of policies and procedures in use at the practice. These were readily available for all staff to reference. The practice held monthly meetings staff where matters of governance were discussed. These meetings were minuted for those who were unable to attend.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. If appropriate, these would be discussed openly at staff meetings and it was evident that the practice worked as a team and dealt with any issue in a professional manner. Staff were aware of whom to raise any issue with and told us that the practice owner was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

There was an approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of infection control, prescriptions and X-ray quality. Where areas for improvement had been identified action had been taken. As part of the Denplan Excel programme an external member of the Denplan Excel team conducted a clinical record audit. We were told that these occurred approximately every two years. The most recent audit of dental care records was completed in October 2014 and showed that the dentist was performing well. We discussed with the practice manager and dentist that a two year gap between clinical record audits may be too long. They decided that it would be a good idea to conduct their own clinical record audit between those conducted by the Denplan Excel team.

Staff told us they had access to training and this was monitored by the practice manager to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

We saw evidence that staff had asked to undertake further training to assist the specialist dentists who worked at the practice. The staff had been sent on courses in advanced dental nursing in endodontics and dental implants. Staff told us that they felt confident to ask the practice manager or dentist if they felt they required further training in a specific area.

The practice held monthly staff meeting where significant events and ways to make the practice more effective were discussed and learning was disseminated. All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out a patient satisfaction survey and the NHS Family and Friends Test. The patient satisfaction survey covered areas such as cleanliness and comfort, appointment booking time and the overall confidence in the dental team. The most recent patient survey was conducted in June 2013 and showed a high level of satisfaction with the quality of the service provided. The practice had recently formulated a new patient survey to undertake. We discussed the interval between patient surveys and the practice manager told us that they would now aim to conduct a survey on an annual basis.