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R Patel & Associates Weavers Court Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 October 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

R Patel and Associates, Weavers Court Dental Surgery provides mainly NHS dental care with a small amount of private work. The practice has three surgeries and three dentists work at the practice. The dentists are supported by three dental nurses. There is a practice manager who is also responsible for managing another practice owned by the provider and shares their time working at each of them.

The lead dentist is the responsible person. This is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'responsible persons' and have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of the inspection we spoke with three patients who told us that they were satisfied with the services provided at the practice. They told us that the services provided by the practice were excellent, that staff were kind and caring and that appointments were readily available. They told us they were treated with dignity and respect, their privacy was maintained and they were involved in the decisions about their care and treatment.

Summary of findings

We viewed twelve comments cards that we had left for patients to complete prior to our inspection. The cards all contained positive comments about the services provided. Patients said that they were satisfied with the appointment system, that treatment was available in the event of an emergency and that nervous patients were supported and reassure by the dentists to reduce their stress.

Our key findings were:

- There were systems in place to manage safety incidents and complaints and to cascade any learning from them to staff.
- Staff had been trained to handle medical emergencies. Sufficient supplies of emergency medicines and equipment were readily available.
- A safeguarding policy was in place to support staff and all staff had received safeguarding training. A lead for safeguarding had been appointed.
- National patient safety and medicine alerts were received, disseminated to relevant staff and acted upon where required.
- Recruitment processes followed published guidance. Appropriate documentation was in place. All staff had received disclosure and barring service checks.
- Staff had been appropriately trained and received an annual appraisal that supported their development needs and was tailored to the objectives of the practice.
- Infection control procedures followed published guidance and staff were following the correct decontamination procedures.
- Treatments and consultations followed guidance from the National Institute for Health Care Excellence. Relevant dental health prevention advice was given to patients.
- An effective complaints process was in place and this was readily available for patients to view.
- Patients were treated with dignity and respect and staff were polite and courteous. The practice had made reasonable adjustments to support patients with a disability.
- The appointment system met the needs of patients including access to emergency dental care.
- There was visible, effective leadership at the practice. Standards were clear and these were being monitored.
- Patient feedback was sought through the use of an annual patient survey, the NHS Friends and Family test and the monitoring of complaints.
- Staff were consulted about changes at the practice and their views and ideas sought at team meetings and appraisals.

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 an effective system in place to record and analyse significant events and safety issues. Staff meetings were used to share learning with staff. Staff had received safeguarding training for vulnerable adults and children. They were aware of the different signs of abuse and how to report them. National patient safety and medicines alerts were acted upon where relevant and cascaded to appropriate clinical staff for action. Infection control procedures followed published guidance and infection control audits reflected that procedures were effective. The systems for cleaning and sterilising dental instruments met Department of Health guidelines. Radiation equipment was suitably sited, maintained and used by trained staff only. Emergency medicines and equipment were of the recommended type and readily accessible to staff in a medical emergency. All staff had received training in basic life support. Health and Safety legislation was being followed.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Dentists and dental nurses followed guidance from the National Institute for Health and Care Excellence (NICE) and kept up with current best practice. Patients received a comprehensive assessment of their dental needs including updating their medical history. Explanations were given to patients in a way they understood and treatment options were discussed and supported by written treatment plans. Staff new to the practice completed an induction process and received support and guidance. Patients were referred to other services in a timely way. Patients received health promotion and prevention advice.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients told us they were involved in the decisions about their care and treatment and it was explained in a way they understood. The dentists had received Mental Health Act 2005 training and were aware of the process to follow if the mental capacity of a patient to understand their care and treatment required assessing.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Appointment times met the needs of patients, they were updated if appointments ran late and waiting time was kept to a minimum. Patients received text message reminders about their appointments. The practice responded to patients in need of emergency dental treatment and saw them the same day wherever possible. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Staff working at the practice spoke a variety of languages between them and were able to translate when required. The practice had access to a sign language interpreter to support their patients that were deaf or with impaired hearing. The practice had a system in place to manage complaints effectively. Patients who were vulnerable were offered appointment times that suited their needs and personal circumstances

Are services well-led?

We found that this practice was providing care which was well led in accordance with the relevant regulations. The lead dentist and practice manager provided clear, visible leadership and ensured appropriate standards were set for staff to follow. Systems were in place to monitor these standards through the use of clinical and non-clinical audits

Summary of findings

and the supervision of staff. Regular staff meetings took place and staff felt involved in the running of the practice. Meetings were minuted and there were clear audit trails when areas for improvement had been identified. Meetings were used to provide training and support to staff. Staff were encouraged to develop and supported to maintain their training. The practice sought the views of staff and patients. Health and safety risks had been identified which were monitored and reviewed regularly. There was an ethos of continuous learning and development and staff worked as part of a cohesive team.

R Patel & Associates Weavers Court Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on 15 October 2015 and was conducted by two CQC inspectors and a specialist dental advisor.

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 consulted with other stakeholders, such as NHS England area team / Healthwatch, however we did not receive any information of concern from them.

During the inspection we spoke with the three dentists two dental nurses, the practice manager and a receptionist. We also spoke with three patients and reviewed comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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 a system in place to manage significant events, safety concerns and complaints and staff were aware of the procedures to follow. Staff spoken with were aware of the systems to follow and a designated lead had been appointed to undertake an investigation and analysis. There had been no significant events recorded in the last 12 months.

The practice had a system of managing national patient safety and medicines alerts that affected the dental profession. These were received at the practice by email, cascaded to relevant staff and discussed at clinical meetings. The action required was being monitored by the practice manager to ensure appropriate action had been taken.

Records we viewed reflected that the practice was following the guidance in relation to the control of substances hazardous to health (COSHH). Substances in use at the practice had been risk assessed and measures put in place to keep staff and patients safe.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding policy which all staff were required to read and initial to show that they had understood the contents. A safeguarding handbook was readily available for staff and this contained details of external organisations that could offer support or that they could contact if they needed to. This included the telephone numbers of the local authority safeguarding team responsible for the investigations.

All staff at the practice had received safeguarding training for children and vulnerable adults and they had decided this was mandatory. Staff spoken with were aware of the procedures to follow and who to contact at the practice or externally if the need arose. A lead for safeguarding had been identified and they had received the appropriate level of training.

The dentists we spoke with on the day of the inspection did occasionally use rubber dam for endodontic procedures. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. This prevents inhalation of small instruments during treatment. It was practice policy not to re-use rubber dams and dentists spoken with were aware of this requirement.

Patients attending for their consultation had their medical history reviewed on each occasion to ensure that any health conditions or medicines being taken could be considered before receiving care or treatment. New patients were required to complete medical history forms and these were checked by the dentist during their consultation. The details of their medical history were recorded on the computerised patient record system as well as in hard copy format.

Medical emergencies

All staff had received training to equip them to manage medical emergencies and this was repeated at appropriate intervals. Emergency medicines, a first aid kit, a defibrillator (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) and oxygen were readily available if required. The emergency equipment in use was in line with the 'Resuscitation Council UK' and 'British National Formulary' guidelines.

During our inspection we checked the emergency medicines available at the practice and found that they were of the recommended type. All medicines were in date and monitored to ensure they did not go out of date or ran low in stock. Monitoring records were being kept.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant and the taking of references.

We looked at three staff records on the day of our visit and found that appropriate recruitment documentation was in place. It was the policy of the practice that all staff received a disclosure and barring service check before working at the practice and these were in place in the files we viewed. (This is a check to 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). In addition relevant

Are services safe?

training certificates were in place demonstrating that they were suitable for the role. Appropriate evidence of registration with their professional bodies was present in the files of clinical staff.

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 were contacted to attend the practice and cover for their colleagues. The practice did not use agency staff, locum dentists or dental nurses.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. A regular health and safety audit took place at the practice to ensure the environment was safe for both patients and staff.

There were a range of other policies in place at the practice to manage risks. These included infection prevention and control, fire evacuation procedures and the risks associated with Hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe. The practice had an induction process for all new staff members and this included familiarisation with health and safety issues.

A business continuity plan was in place that outlined the procedures to follow in the event that services were disrupted. This included the use of a second practice in the local area, also owned by the provider. The practice was situated near a river and there was a potential risk of flooding during severe weather. There were clear procedures in place in the event of flooding and laminated posters were displayed in the staff room to support staff if the need arose.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place and a lead had been identified. The policy included guidance on needle stick injuries, inoculations against Hepatitis B and the handling of clinical waste.

The policy also clearly described how cleaning was to be undertaken at the premises. Check lists were made available to support staff to ensure that each area of the practice was cleaned appropriately. The policy explained the types of cleaning and the frequency. Records held reflected that the quality of the cleaning was being monitored.

During our inspection we visited two surgeries and found them to be visibly clean and tidy. The daily cleaning of each surgery was the responsibility of the dental nurses and they completed checklists to reflect that appropriate tasks had been undertaken. Dental nurses spoken with were aware of the infection control procedures in place and had received training. Sufficient quantities of personal protective equipment were available for clinical staff and we were told that clean surgical gloves and masks were worn for each patient.

Infection control audits had been carried out at recommended intervals. We looked at the most recent one completed in February 2015 and the results reflected that effective processes were in place. All staff had received infection control training and this was being monitored.

We found that throughout the premises, there were adequate supplies of liquid soaps and hand towels and hand washing techniques were displayed. Staff took part in training in handwashing techniques. Sharps bins were properly located, signed and dated and not overfilled. Clinical waste was stored securely and the practice had a clinical waste collection contract in place.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had two separate adjacent rooms used for the decontamination of used instruments. One room was used for the cleaning of instruments and the other used for sterilising and packaging them. They were connected by a hatch in the dividing wall. The rooms were set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures.

The practice cleaned their instruments using a washer/disinfector. The used instruments were taken to the cleaning room in a sealed container and allowed to soak in a solution of water/soap for a period of 20 minutes before

being cleaned in a washer/disinfector. After cleaning the instruments they were inspected with a magnifying glass, dried with a paper towel, and then delivered to the sterilising room through the hatch in the adjoining wall.

They were then placed in an autoclave and sterilised and vacuum packed. At the end of the sterilising procedure all instruments were correctly stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all contained an expiry date that met the recommendations from the Department of Health. Instruments designed for single use only were disposed of after use.

During the decontamination process, dental nurses wore personal protective equipment and these included disposable gloves, aprons and safety glasses. The dental nurse demonstrating the process washed their hands before and after the decontamination process.

The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained. Dental unit water lines (used for connecting the dentist's drills and other devices to the dental unit on a dental chair) were being cleaned in line with published guidance and flushed through as required.

Staff were well presented and told us they wore clean uniforms daily and this included reception staff. We noted they were removed during the lunch period. Staff files reflected that staff had received inoculations against Hepatitis B and received blood tests to check the effectiveness of that inoculation. Staff displayed an awareness of the procedures to follow if a needle-stick injury occurred.

The practice had undertaken a legionella risk assessment in February 2015 and appropriate control measures were in place and recorded. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. A fire risk assessment was in place and staff were aware of the procedures to follow and staff had been trained in the use of equipment and evacuation procedures.

X-ray machines were the subject of regular visible checks and records had been kept. The X-ray equipment had records of critical examination tests to ensure they were emitting the correct levels of radiation.

All equipment used for the cleaning and sterilising of medical instruments had been serviced and maintained regularly. Records reflected that it was in working order at the time of the inspection.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These rules described the safe use of X-rays and the procedures to follow if the X-ray equipment failed to operate properly and they were displayed in each surgery.

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. Prior risk assessments had taken place, including detailed plans about the location of the X-ray equipment to reduce the risk of radiation exposure to patients.

The practice's radiation protection file reflected that appropriate procedures were in place. This included the names and the qualifications of those permitted to use the equipment. Other staff had signed the procedures section and local rules to demonstrate that they understood the regulations for the safe use of the equipment.

All staff who were involved in taking X-rays were suitably qualified and had received training in relation to dental radiography. This was being monitored by the practice and we were made aware that refresher training for staff was due soon and had been booked for them. Dental nurses and other staff we spoke with were aware of the safety procedures to follow and where to stand when a patient received an X-ray. Staff wore dosimeters which were used to monitor the levels of exposure to radiation. The records reflected that the levels of exposure were minimal and this kept staff members safe.

Are services safe?

The practice conducted an annual audit on the quality of the X-rays and records had been maintained. Any learning identified was shared with other staff. This ensured that 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 to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant. All X-rays were justified and this was recorded in the notes of the patients.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations and assessments in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. The three dentists we spoke with were aware of the latest NICE guidelines and the preventative care and advice known as "Delivering Better Oral Health Toolkit".

Patients received an assessment of their oral health prior to deciding whether further care and treatment was required. This included an examination covering the condition of their teeth, gums and soft tissue and whether there were any signs of mouth cancer. Patients were then made aware of the condition of their oral health and treatment discussed with them. Patients identified at high risk of tooth decay were given advice and guidance in order to support them to improve their oral health. The medical history of each patient was checked every time they attended the practice, by the dentist prior to treatment.

X-rays were taken in line with Faculty of General Dental Practice (FGDP) guidelines. This identifies patient's risk factors and gives suggested intervals to take X-rays in order to diagnose or monitor tooth decay. All X-rays taken were justified, graded and reported on and recorded in the clinical records. A diagnosis was then discussed with the patient and appropriate treatment was planned.

Patients were supplied with a written treatment plan which included details of the treatment required. Costs associated with the treatment were clearly explained.

Patients were recalled for further treatment in line with the intervals recommended by NICE guidelines and based on the patients' needs.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of posters 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.

The dentist we spoke with confirmed that adults and children attending the practice were advised during their consultation of steps to take to prevent tooth decay and this was monitored at subsequent visits to ensure it had been effective. Smoking cessation and lifestyle advice were given to patients where appropriate.

Patients were recalled at appropriate intervals to check on their teeth to ensure that prevention methods were effective.

Staffing

The practice employed three dentists, each supported by dental nurses. There was a practice manager that divided their time between two practices and a deputy practice manager/receptionist that monitored the day to day running of the practice. There were two receptionists at the practice. There were sufficient numbers of staff working at the practice to meet the needs of patients.

All staff at the practice received an annual appraisal. This involved a two way process and staff were given time to prepare for it. We looked at three staff files and found that they had all received appraisals and that their performance, training and development needs had been considered.

All staff spoken with felt supported and they told us that training was available for them to undertake if it met the needs of patients or was relevant to their future development. They told us that the dentists working at the practice were supportive and always available for advice and guidance.

We found that team meetings were being used to provide support to staff and training. Guest speakers attended and provided presentations about dentistry, relevant to their roles.

Staff files we viewed contained evidence that they were appropriately trained and registered with their professional body and this was checked annually. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels and certificates were present to reflect that training had been undertaken. This was reviewed annually.

Staff new to the practice went through an induction process to ensure they understood how the practice operated and that they were competent in their role. New staff received support from other colleagues and supervision.

Are services effective?

(for example, treatment is effective)

Staff numbers were monitored and identified staff shortages were planned for in advance wherever possible. Staff had ready access to the procedures and policies of the practice which contained information that further supported them in the workplace.

Working with other services

The practice had systems in place to refer patients for specialist treatment if it was required. These were dealt with on the day of the consultation and submitted on-line to other specialists. Emergency referrals were sent by fax the same day.

Consent to care and treatment

Clinical staff spoken with had an understanding of consent issues in relation to adults and vulnerable persons. They were aware of the guidelines of the Mental Capacity Act 2005 and explained how they would take consent from a patient if their mental capacity was such that they might be unable to fully understand the implications of their treatment.

The practice visited care homes in the local area and carried out consultations on residents. Some of these residents suffered from poor mental health such as dementia and some had learning disabilities. We were told that consent was considered prior to attending the care homes and that where possible relatives were asked to attend consultations to support communication with the patient. This included identifying relatives and carers that had the relevant authority to provide consent through a lasting power of attorney.

Dentists spoken with had an understanding of the requirement to undertake an assessment of the mental capacity of a patient to provide informed consent and where appropriate the dentists acted in the best interest of the patient concerned.

The practice had a consent policy in place to support staff. Patients were made aware that consent could be withdrawn at any time.

The knowledge of the dentists in relation to children under the age of 16 years who attended for treatment without a parent or guardian was inconsistent. This is known as Gillick competence. One dentist we spoke told us they would decline to provide treatment to a child under the age of 16 without an adult being present. Another dentist said they would assess the ability of that child to understand the care and treatment proposed before providing it.

We discussed this with the provider and practice manager on the day of the inspection. They told us they would review their procedures and ensure that all dentists were aware of the correct procedures to follow. A child under the age of 16 is considered in law to be able to consent to care and treatment without an adult being present, if an assessment of their capacity to understand the implications of that treatment has been completed by a qualified professional and they are deemed to have sufficient maturity and intelligence to understand.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We found that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but if a confidential matter arose, a private room was available for use.

The twelve comment cards we reviewed reflected that patients were extremely satisfied with the way they were treated at the practice by clinical and non-clinical staff. They said that they were treated with dignity and respect and their confidentiality maintained. One particular patient commented that they were a nervous patient and that the dentist put them at ease when they attended for treatment.

Staff spoken with understood the need to handle patient information securely and had read and signed a confidentiality policy that was in place to support them.

A patient information folder was available in the reception area for patients to read and this outlined the practice policy on consent, confidentiality, data protection and record keeping.

The three patients spoken with on the day of the inspection told us that all staff were polite and respectful and treated them with kindness.

Involvement in decisions about care and treatment

The twelve comment cards we viewed reflected that patients were involved in the decisions about their care and treatment. They told us that the dentists spent sufficient time explaining treatment options followed up by a written treatment plan that explained the costs involved.

The practice had computer software in place so that patients could better understand the procedures being proposed. This involved viewing videos, pictures and diagrams of the treatment and this enabled children to understand how the dentist would help them.

We spoke with three patients on the day of our inspection and were told that explanations were clear and explained in a way they understood.

Patients who had difficulty understanding or communicating were provided with written information in a format that was easy for them to read. This reflected that the practice was taking account of the different needs of patients.

We were told that patients suffering from poor mental health received consultations at the practice and some were visited in their residential care homes. We were told that wherever possible, relatives or advocates were requested to attend so that they could support the dentist to explain the care and treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered NHS and a small amount of private treatment. The practice information folder available in reception, contained details about the costs of treatment available.

The practice conducted a patient survey annually and a separate survey if a new dentist had joined the practice. This took place a few months after the new dentist started and was designed to seek the views of patients about a new clinician at the practice.

The survey involved the completion of a questionnaire and the results were analysed. We found that the results of these surveys reflected that the majority of patients either found the services good or excellent.

Tackling inequity and promoting equality

The practice was accessible for those patients with mobility issues, using wheelchairs or mobility scooters and the practice had made reasonable adjustments to accommodate them. The reception desk had a lower section to support communication with patients using wheelchairs.

All surgeries were on the ground floor and accessible to all patients. The practice had a toilet that was suitable for use by the disabled. Patients with mobility issues were supported by staff when they needed it.

Access to the service

Appointment times and availability met the needs of patients. The practice surgery hours were 8.45am to 5.30pm on Mondays to Fridays. They were closed at weekends. Information about opening times was displayed in reception and in the practice leaflet for patients to read.

Patients needing an appointment could book by phone or attend the practice personally. Patients with emergencies were seen on the same day even if it was near closing time. We were told by the dentists we spoke with that all patients with an emergency would be seen the same day.

If a patient required emergency treatment out of surgery hours, the practice answerphone directed them to the NHS 111 service. This was also advertised in the reception area and in the practice leaflet.

CQC comment cards we viewed commented positively about the appointment system. One comment confirmed that an emergency request had been dealt with the same day and the dental problem resolved. Text messages were sent to patients to remind them of the day and time they should attend. The three patients spoken with on the day of the inspection told us that they were satisfied with the appointment system.

Reception staff told us that when a patient telephoned for an appointment they would assess the patients' needs in relation to the time to book an appointment and whether a person may need interpreting services. They took account of patients with diabetes and arranged times to suit their dietary needs. They also considered other health conditions and the age of a patient and booked appointments at times convenient to them. This included patients suffering from poor mental health so appointments could be booked at quieter times to avoid them suffering undue stress.

Concerns & complaints

The practice had a complaint policy that outlined the procedures to follow including the person responsible for handling complaints and the timescales involved. It also made clear to patients the details of other organisations they could contact if they wished to do so. The complaint procedure was advertised in the patient information booklet and in the practice leaflet.

Staff spoken with were aware of the procedure to follow if they received a complaint. A designated lead had been appointed to handle all complaints. There had been one complaint in the last 12 months. The record of this complaint demonstrated that it was dealt with in line with their policy.

Are services well-led?

Our findings

Governance arrangements

The lead dentist was responsible for all matters relating to governance, supported by the practice manager and a deputy. There was a clear understanding of the requirements of the regulations under the Health and Social Care Act 2008 and how it applied to dental practices.

There was a full range of policies and procedures that were the subject of review and staff had signed to indicate they had been read and understood. These included health and safety, infection prevention control, patient confidentiality and information governance. Staff spoken with were aware of the policies and how to access them if required.

The practice undertook a series of audits to monitor and assess the quality of their services. These audits had been repeated to evidence that improvements were being maintained. Audits in place included infection control, patient record keeping and X-rays. There was clear evidence that these were taking place regularly.

The findings of the audits included an analysis and a summary and where areas for improvement had been identified these had been actioned and discussed at team meetings. It was clear from these audits that they were being used to drive improvement and to maintain standards.

The practice had invested in training to support the practice manager undertake governance roles effectively. One such example was a course that the practice manager had attended on health and safety legislation and procedures. This had impacted positively on the effectiveness of health and safety systems in the workplace. Another was a course run by the British Dental Association on governance and good dental practice. These courses enabled the practice manager to undertake their role more effectively.

Leadership, openness and transparency

The practice had a small number of staff members and it was clear that they worked as part of a team. The culture of the practice encouraged, openness, honesty and a duty of candour.

There was strong leadership at the practice by the lead dentist and practice manager. There were effective monitoring systems in place to ensure that the standards that had been set were being met.

Staff spoken with told us that support was made available to them by the dentists and practice manager. All documents we viewed were clear and concise. Staff were being managed effectively and supervised to ensure standards were being maintained.

Staff spoken with told us that there was a culture of openness at the practice and they were encouraged to report safety issues or to raise any concerns and felt confident to do so. Designated leads had been identified for key areas such as infection control, health and safety and safeguarding. Staff were aware who to contact if they needed advice and guidance.

Staff told us that team meetings were used to discuss relevant practice issues, training and their ideas for improvement were sought. Minutes of the meetings were being recorded and those we viewed reflected that there was a clear audit trail reflecting discussion and identifying where improvements could be made. Staff spoken with told us that they felt part of a team, there was a happy environment and they felt supported.

Management lead through learning and improvement

The practice was focused on achieving high standards of clinical excellence and this was monitored by the lead dentist and practice manager. Standards had been set for staff to follow and systems were in place to ensure they were maintained.

Staff meetings were held regularly and when required. These included dentists meetings, informal meetings and full staff meetings. Minutes were recorded which reflected that discussions had taken place about practice matters. We found that safety issues and complaints had been discussed at these meetings to cascade learning to staff. The meetings were used to discuss the implementation of new systems or the purchase of equipment and to seek staff views on the benefits to the practice or otherwise.

Meetings were also used to provide training to staff and discuss their development needs. Staff told us they were supported training for their staff so they had additional skills to improve the experience of patients at the practice.

Are services well-led?

Clinical staff told us they were encouraged to undertake their continuous professional development to maintain their skill levels and this was being reviewed annually to ensure staff had completed the required training.

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

The practice acted on feedback from staff through staff meetings, the appraisal process and informally. Staff spoken with told us that they felt part of a team and confirmed that they were consulted about areas for improvement and felt involved in identifying where services could be improved.

The practice undertook an annual patient survey and used questionnaires for patients to help them identify where services could be improved. These included questions about the treatment received by patients, the appointment system, the facilities, staff friendliness and courtesy. The results of the most recent survey in February 2015 reflected that patients were very satisfied with the services provided and the data reflected an overall 99% satisfaction rate.

The practice had started a patient group to obtain the views of patients but attendance had reduced despite an initial meeting taking place. The practice was looking at other ways to stimulate the interest of patients so that further feedback could be sought.

The practice kept patients informed about surgery matters through the use of an occasional newsletter that was displayed in the waiting room. This included updating patients on the results of the monthly NHS Friends and Family test. This reflected that the majority of patients were either extremely likely or likely to recommend the practice to family or friends.