

East Midlands Community Dental Association Limited

East Midlands Community Dental Association – Grantham

Inspection Report

1 Castle Gate
Abbey House
Grantham
NG31 6SE
Tel:01476 212020

Date of inspection visit: 15 February 2016
Date of publication: 01/04/2016

Overall summary

We carried out an announced comprehensive inspection on 15 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

East Midlands Community Dental Association - Grantham is situated in a large period building close to the town centre. The practice had four treatment rooms, two reception desks, a decontamination room and a disabled toilet. There was a small room behind the main reception desk which was used to store practice documents and a second desk area where the practice manager worked from. On the first floor there was a staff room and staff toilet. There is pay and display parking available in a large car park near to the practice and on street parking up to

Summary of findings

30 minutes. The building is accessed from the street and there is a ramp and handrail in addition to steps to make it accessible to people who use wheelchairs or have mobility problems.

There are five dentists, two of which are full time alongside two dental nurses, two trainee dental nurses and two reception staff. The practice has a dental hygienist that works at the practice twice a month. In addition to this the practice has a manager that is also a qualified dental nurse. The practice manager also manages a sister practice in Lincoln and time is split between both practices. The practice manager is at the Grantham practice two days per week.

The practice provides predominantly NHS dental treatment to adults and to children. The practice is open Monday to Friday from 9am to 5.30pm and Saturday 9am to 12pm.

The practice is part of Genesis dental care which is a provider with 11 practices in total. The registered manager is a director of the company. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 received feedback from 22 patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy and that it was welcoming. They said that they found the staff offered a friendly, professional and efficient service and were polite, helpful and kind. Patients said that explanations about their treatment were clear and that they were given time and listened to. Patients who were nervous commented how the dentist was understanding and patient; they were made to feel at ease and that any questions were answered.

Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment however there was no separate hand washing sink as recommended (HTM 01-05)
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- 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 where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible
- Governance systems were effective and policies and procedures were in place to provide and manage the service.
- Staff had received formal safeguarding training and knew the processes to follow to raise any concerns.
- All staff were clear of their roles and responsibilities.

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

- Review published guidance (HTM 01-05) in relation to hand washing in relation to the design of the decontamination rooms.
- Ensure all audits have learning points documented and resulting improvements can be demonstrated.

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 care which was safe 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. The practice had procedures in place for reporting and learning from accidents and significant events including near misses.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse and were aware of the external reporting process and who was the safeguarding lead for the practice.

The practice worked alongside the safeguarding team to draft a letter that the practice could send to parents that failed to return for follow up appointments for their children.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments. The practice did not however have a separate sink in the decontamination room that could be used for handwashing however when this was highlighted the practice manager requested work to be completed to enable a sink to be fitted.

Are services effective?

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

Explanations were given to patients in a way they understood and risks, benefits and options available to them. The interval between consultations was in line with guidance from the National Institute for Health and Care Excellence (NICE).

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer.

Patients with a high risk of dental decay were prescribed fluoride varnish and higher concentration fluoride toothpaste which was in accordance with current guidance. Discussions with the dentist showed they were aware of the 'Delivering better oral health' document; and we saw evidence in dental records to show that the guidance had been implemented in their practice.

All staff had received training in the Mental Capacity Act (MCA) 2005 and were able to explain to us how the MCA principles applied to their roles. The dentist we spoke with was also aware of and understood the assessment of Gillick competency in young patients. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

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 provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patients told us that explanations and advice relating to treatments were clearly explained and that they were able to ask any questions that they had.

Summary of findings

Patients with urgent dental needs or pain were responded to in a timely manner with appointment slots kept each day for emergencies.

Are services responsive to people's needs?

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

The practice was well equipped. The waiting area in reception had music playing to help maintain confidentiality and provide a relaxed atmosphere. The practice was fully accessible for people that used a wheelchair or those patients with limited mobility.

The practice had surveyed the patients and the results showed high satisfaction with little room for improvement.

Are services well-led?

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

Staff were involved in leading the practice to deliver effective care. Care and treatment records had been audited to ensure standards had been maintained.

Staff were supported to maintain their professional development and skills. There was an appraisal process in place and we saw that staff were receiving an appraisal each year.

The practice had systems in place to involve, seek and act upon feedback from patients using the service.

East Midlands Community Dental Association – Grantham

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 took place on 15 February 2016 and was conducted by a CQC inspector and a specialist dental 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, and 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 a number of staff working on the day. We reviewed policies, procedures and other documents. We viewed 22 Care Quality Commission (CQC) comment

cards that had been completed by patients, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from incidents and complaints.

Serious incidents were reported on an incident form which would be reviewed by the practice manager. There had been no incidents recorded in the last 12 months but staff that we spoke with were able to describe the process that they would follow for reporting incidents and accidents and examples of both. There was an accident book where staff recorded incidents such as needle stick injuries. The last accident reported was in September 2014 which was a needle stick injury. We saw that the correct procedure had been carried out in relation to this. Staff were encouraged to bring safety issues to the attention of the management. Staff would raise concerns with the practice manager. Incidents would also be reported to the regional manager so that learning could be shared. The practice had a no blame culture and policies were in place to support this.

The practice had received three complaints in the last 12 months. These complaints had been responded to in line with the practice policy and there was recording of any investigations and lessons learned were appropriate. The practice had a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice had information at reception and on the staff room notice board of who to contact if they had any concerns in relation to safeguarding of children or adults. The practice manager had also added a link to all computers so that the details could be accessed by all staff easily and at any time. From records viewed we saw that staff at the practice had completed level two safeguarding training in safeguarding adults and children. The practice

manager was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice manager had worked alongside the children safeguarding team to draft a letter that could be sent to parent or guardians when children had failed to attend an appointment. The letter told the parents or guardians that the practice had a duty to share information with the relevant authorities and that if they had decided to visit another dentist to inform them. The letter also stated that if there were any problems to contact the practice so that they could help. This letter would be sent to those that had attended in pain and had been given a follow up appointment and then had not attended since. The staff we spoke with were clear on raising any concerns if they needed to and said they would not hesitate.

The practice had a whistleblowing policy and the staff we spoke with were clear on different organisations they could raise concerns with for example, the General Dental Council, NHS England or the Care Quality Commission if they were not able to go directly to one of the dentists or the practice manager. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

Discussions with the dentist and examination of patients' dental care records identified the dentist was using a rubber dam routinely when completing root canal treatments in line with best practice guidelines from the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The practice had an up to date employer's liability insurance certificate which was due for renewal October 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training including the use of the defibrillator (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff we spoke with were able to describe how they would deal with a number of medical emergencies

Are services safe?

including anaphylaxis (severe allergic reaction) and cardiac arrest. The practice did not have an automated blood glucose measurement device as recommended in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that all staff had received a Disclosure and Barring Service check.

The practice had an induction system for new staff which was documented within the staff files of staff that we reviewed. There was also a separate induction for any dental nurses which we also saw documented in staff files. Staff we spoke with told us that they had received an induction when they started and ongoing support and training from the other staff.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. The practice had used cover from an agency for dental nurses on occasion and there was a separate induction for agency staff which included fire safety and the location of the emergency equipment.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice which was reviewed annually. There was a comprehensive risk assessment log covering risks such as autoclave burns, biological agents, fire and manual handling. This was reviewed annually. There were also risk assessments for trainee dental nurses, and pregnant and nursing mothers. The risks had been identified and control measures put in place to reduce them.

The practice had an organised system where policies and procedures were in place to manage risks at the practice. Each year the policies were reviewed and any amendments were made. There was a cover sheet at the front of the folder which had an index of every policy and each policy was found under the corresponding number. This meant that should the practice manager not be in the practice all

staff would be able to easily access any of the policies and procedures. The policies included infection prevention and control, control of substances hazardous to health, legionella policy and sharps policy.

Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested however the records that we checked said that the emergency lighting was last checked in December 2015 and that weekly checks of the fire alarm test had not been completed since May 2015. We spoke with the practice manager and they told us that they would ensure new checklists were provided for staff to complete at the time of checking. The fire equipment was checked by an external company at least annually and we saw that this had been recorded. Staff had not completed fire safety training but we saw that two evacuations had taken place in 2015 as the alarm had been triggered accidentally. All staff and patients were evacuated safely.

The practice had a detailed business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service including flood, fire, lack of IT, flu epidemic and terrorism. The practice manager also held a copy of this at home and a copy was held at the head office of the provider. This included full contact details for staff and for the relevant personnel or organisation. For example, gas company, electricity and suppliers. There were links to the practice in Lincoln for emergency use however the practice manager was negotiating links with a practice nearby to use for this purpose in future.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. One of the reception staff was also the practice cleaner for the general areas and staff were responsible for cleaning and infection control in the treatment rooms. There were schedules in place for what should be done and the frequency. There was also a checklist in the surgery to show that the tasks had been completed. The practice had systems for testing and auditing the infection control procedures.

Are services safe?

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment room, the decontamination room and the toilet facilities.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice used safer sharps which was the dentists' responsibility to dispose of. The practice used sharps bins (secure bins for the disposal of needles, blades or any other instruments that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored in a non-public area prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices. We found good access to the decontamination which was central to the four treatment rooms. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly and there were also audits in relation to these tests to ensure completeness and highlight any areas for improvement. Records showed that the equipment was in good working order and being effectively

maintained. The decontamination room was small and also housed the digital radiograph processing system. Due to the layout of the room this meant that there was a potential risk of cross contamination if staff were completing both at the same time. The decontamination room did not have a separate sink for handwashing. We spoke with the practice manager in relation to these points and the practice manager felt that it would be better to move the radiograph equipment to the small office behind reception which would then eliminate one risk and also provide the room for a handwashing sink to be installed. The day after the inspection the practice manager forwarded information showing that the start of this work had commenced.

Staff files reflected staff Hepatitis B status. 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 hepatitis B or other blood borne infections.

The practice had a Legionella risk assessment in place. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

(Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The records showed the practice was flushing their water lines in the treatment rooms. Records showed waterlines were flushed for two minutes at the beginning and end of each session, and for 30 seconds between patients. This was in keeping with HTM 01-05 guidelines. These measures reduce the risk of Legionella or any other harmful bacteria from developing in the water systems. The legionella risk assessment had been completed in February 2016 and actions that needed implementing had been forwarded to the head office so that this could be completed.

Equipment and medicines

Records we viewed showed that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. The records we saw showed us that the equipment had been tested annually for a number of years. Portable appliance testing had taken place

Are services safe?

annually with the last test in June 2015. Fire extinguishers had been checked and serviced by an external company in June 2016. Staff had been trained in evacuation procedures but not in the use of firefighting equipment.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date; however, the practice did not have an automated blood glucose measurement device. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order weekly.

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 documents were displayed in areas where X-rays were carried out.

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 named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced, and repairs undertaken when necessary.

The dentists monitored the quality of the X-ray images and digital processing on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

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. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies. The patient dental care record contained all the relevant detail and followed guidance provided by the Faculty of General Dental Practice. X-rays were taken at appropriate intervals and in accordance with the patient's risk of oral disease. X-rays were justified, graded for quality and reported.

The dentist we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained although we noted that records of discussions could be more detailed. Patients with a high risk of dental decay were prescribed fluoride varnish and higher concentration fluoride toothpaste which was in accordance with current guidance. Public Health England had produced an updated document in 2014: 'Delivering better oral health: an evidence based toolkit for prevention'. Following the guidance within this document would be evidence of up to date thinking in relation to oral healthcare. Discussions with the dentist showed they were aware of the 'Delivering better oral health' document; and, we saw evidence in dental records to show that the guidance had been implemented in their practice.

The dental care records were updated with the proposed treatment after discussing and recording the options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) guidelines.

Feedback we received from 22 patients showed that they were satisfied with the service including the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained literature that explained the services offered at

the practice. Staff had pictures and crayons that would be given to children to colour in, that related to children's oral health. Three of the pictures were on the notice boards in the reception area.

The practice had participated in National smiles month and the staff had worn 'silly smiles' to promote dental care.

Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults. Staff also advised patients on the impact of tobacco, alcohol and diet on oral health. The practice was able to give patients details of a smoking cessation service if they wished. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients were given free samples of toothpaste when available.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e learning. Formal face to face training had been conducted in relation to basic life support annually and some staff had also completed first aid training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration. The provider ran courses at the head office which staff also attended.

The practice had procedures in place for appraising staff performance. We saw the appraisals had taken place annually and that there were personal development plans for staff and training was identified. They told us that the practice manager and regional manager were supportive and approachable and always available for advice and guidance.

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. The records at the practice

Are services effective?

(for example, treatment is effective)

showed that referrals were made in a timely way and followed NICE Guidelines criteria where appropriate. The practice had recording system for referrals. Once a referral had been made it was recorded and the practice manager would record results and letters following referrals onto the patient's record.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options, and verbal consent was received and recorded. The dentist we spoke with was also aware of and understood the assessment of Gillick

competency in young patients. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. All staff had completed on line Mental Capacity Act 2005 (MCA) training and those that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The main reception area was open plan and the patients waiting area was close to the reception desk however treatment was discussed in treatment rooms. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients, and for personal discussions a separate area could be used to maintain confidentiality.

A data protection and confidentiality policy was in place. This policy 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. Staff were aware of the need to lock computers, store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Patients told us that they found the staff offered a friendly, professional and efficient service and were polite, helpful and kind.

Involvement in decisions about care and treatment

Feedback from patients included comments about how explanations about their treatment were clear and that they were given time and listened to. Patients who were nervous commented how the dentists were understanding and patient; they were made to feel at ease and that any questions were answered.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information displayed in the waiting area described the range of services offered to patients and the complaints procedure. The practice also had a comments box for patients to express their views.

The practice had surveyed patients at different times and each survey had shown high satisfaction levels and little room for improvement.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, patients would be seen the same day. The practice had three slots for each dentist each day and we were told that if these had gone and a patient rang that was in pain they would be told to come to the practice and sit and wait and that they would always be seen on the same day. There was an answerphone message when the surgery was closed that gave details of how to access emergency care.

Appointment times and availability met the needs of patients. The practice opened Monday to Friday from 9am to 5.30pm and Saturday 9am to 12pm.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. A disability access audit had taken place at the practice in April 2015. The audit had identified that there were steps and a ramp in between two reception areas. Since then the practice had fitted a new carpet which had eliminated this risk. The practice manager told us that they had also been looking at seating in the waiting area and looking at high back chairs with arms for elderly patients and those with mobility problems. The practice could be accessed by three steps or there was a ramp with

handrail fitted. Once inside the practice all areas were easily accessible to patients using a wheelchair or those with limited mobility. There was an assisted toilet, accessible to patients which had a pull cord to alert staff in an emergency.

The practice was able to use an interpreting service if required, both via the telephone and by booking interpreters in advance if necessary for any non-English speaking patients.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Surveys that had been completed and comment cards confirmed this. Where treatment was urgent patients would be seen on the same day.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

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 external organisations such as the GDC (General Dental Council) that a patient 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 accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been three complaints made within the last 12 months. The complaints had been investigated thoroughly and actions had been taken accordingly with an apology to the patient. CQC comment cards reflected that patients were more than 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. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

Clinical audits had been undertaken in areas such as radiography and infection control. Non-clinical audits such as record cards to monitor and improve the quality of care provided had also been carried out. The actions following the audits could have been more detailed to enable learning and improvement. Discussions following audits were cascaded to other staff and discussed at practice meetings.

There was a full range of policies and procedures in use at the practice. Staff we spoke with were able to discuss many of the policies and this indicated to us that they had read and understood them.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with any of the dentists or the management team if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom they could raise any issues with and told us that the managers and dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice.

The practice manager had a knowledge of duty of candour and explained that if any incidents or mistakes happened relating to patients then the patient would be contacted and receive a full explanation and apology.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice's values and ethos and demonstrated that they worked towards these.

Practice meetings were held monthly and were minuted. We saw that there were standing agenda items such as significant events and training. We saw that learning from incidents at other practices were also discussed for learning.

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

Staff told us that patients could give feedback at any time they visited. The practice completed surveys with patients and also invited feedback via a comments box.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received were discussed at the practice meeting.

The practice held staff meetings each month. As the practice team were small, discussions were also held informally rather than waiting for a meeting. Staff told us that they felt part of a team and that they enjoyed their work.