

O'Brien Siddle Dental Care Limited Snaith Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 6 December 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

Established in 2010, Snaith dental care is located in a purpose-built premise and provides NHS and private treatment. There are two treatment rooms, a decontamination rooms for sterilising dental instruments and an instrument storage area, a staff room/kitchen and a general office.

Access for wheelchair users or pushchairs is possible and a permanent ramp with hand rails lead to a ground floor entrance, straight into the spacious reception and waiting area. Ample car parking spaces are available near the practice.

The dental team is comprised of one dentist and four dental nurse's one of which works as the practice manager.

The practice is open:

Monday 09:00 - 19:00

Tuesday 08:30 - 19:10

Wednesday 09:00 - 17:00

Thursday 08:30 - 19:10

Friday 08:30 - 17:30

Saturday 08:30 - 11:30.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person.

Summary of findings

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.

On the day of inspection we received 15 CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were treated with dignity and respect, staff listened and responded to their needs and concerns and they were always friendly and professional. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

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.
- The practice was visibly clean and uncluttered.
- We found the practice did not have an automated external defibrillator on site and no risk assessment was in place to mitigate its absence.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- The practice had systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in accordance with the guidance published by the Department of Health. Daily and weekly testing of equipment required improvement.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The governance systems were not effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice and staff felt supported at all levels.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum

01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

- Review the practice's system for the recording, investigating and reviewing significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review availability and accessibility of an AED to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance
- Review the arrangements for staff immunisation to reflect guidance issued by PHE.
- Consider the need to risk assess lone workers and the need for a policy.

Summary of findings

- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review the practice audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the registered provider did not have all necessary equipment to deal with medical emergencies in the event of an emergency occurring.

The practice had systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The practice did not have an AED on site and we felt the nearest AED was too far away to allow a shock to be delivered to a collapsed patient within three minutes. No evidence of a risk assessment or working relationship to use the closest AED was in place.

Staff were not confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We were told of three significant events that had occurred and no reporting had taken place.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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

Infection prevention and control procedures were in place. We found not all of the daily and weekly checks of decontamination equipment were being carried out in accordance with the guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

We saw the legionella risk assessment carried out in February 2015. We found no evidence that regular water testing was being carried out in accordance with the assessment or any of the actions from the report had been responded to.

The recruitment files we reviewed showed some staff were not fully immunised to work in a dental environment. A recommendation from the registered provider occupational health service had stated that a risk assessment should be put in place, but this had not been carried out.

We found no evidence during the inspection that the practice had received or acted upon any recent patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

We spoke with all staff members and the registered provider told us they received the alert and actioned them but no record of this was in place.

No action



Summary of findings

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 followed best practice guidelines when delivering dental care. These included the Faculty of General Dental Practice (FGDP), the National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were not up to date with their continuing professional development (CPD). We found no evidence the staff had completed any update training for medical emergencies within the past 12 months. For example cardiopulmonary resuscitation (CPR). We were told this had been booked in for the team in January 2017.

No action



Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 15 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely as computers were password protected.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

No action



Are services responsive to people's needs?

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

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

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 had access to telephone interpreter services when required and the practice provided a range of aids for different disabilities such as a permanent ramp and hand rails to access the practice, large print leaflets and an accessible toilet.

No action



Summary of findings

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 registered provider was responsible for the day to day running of the practice.

We found no evidence of a programme to audit as part of a system of continuous improvement and learning was taking place. Since the CQC inspection had been announced the infection prevention and control audit had been completed. We found these audits that had not been completed since 2012.

The practice had not conducted patient satisfaction surveys. There was a friends and family feedback box within the reception area.

A lone worker policy and risk assessment was not in place for staff or patients as recommended by the health and safety executive and by the GDC.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice could only provide evidence of one staff meeting taking place in November 2016. We saw the meeting was minuted and gave everybody who attended an opportunity to openly share information and discuss any concerns or issues.

No action



Snaith 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 registered provider 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 was supported by a specialist dental adviser.

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

During the inspection we spoke with the registered provider who was also a dentist and three dental nurses one of which worked as 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

Some staff told us they were not all aware of the need to be open, honest and apologetic to patients if anything was to go wrong; the staff should be aware of this to be in accordance with the Duty of Candour principle which states the same.

Staff did not understand the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) or the reporting of significant events. We were told of three significant events that had occurred and had not been reported as part of the practice reporting process. The registered provider was aware of the notifications which should be reported to the CQC.

We found the registered provider had arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE). Relevant alerts were not discussed with staff. We were told they were actioned by the registered provider but we were unable to verify this.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The registered provider was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw evidence that all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy kept within the staff room. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

We spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment. This risk assessment was not dated had not been reviewed to ensure any new updates or equipment was added.

The staff told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations. The staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

Medical emergencies

The practice had 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 not completed training in emergency resuscitation and basic life support within the last 12 months. We were told this had been booked in for January 2017.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice did not have 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 and delivers an electrical shock to attempt to restore a normal heart rhythm). We were told there was an AED at a local fire station they would use. No risk assessment was in place to review this process. We saw that the AED was located too far away to be able to respond to a patient within three minutes.

Are services safe?

Records showed monthly checks were carried out on the emergency medicines, medical oxygen cylinder. These checks ensured the oxygen cylinder was sufficiently full and in good working order and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The registered provider told us they 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 a sample of recruitment files and these showed that all checks were in place and one had been recently requested.

The recruitment files we reviewed also showed some staff were not fully immunised to work in a dental environment. A recommendation from occupational health advised the provider to put in place a risk assessment but this had not been carried out.

All clinical staff at this practice were qualified and 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 had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice.

The practice had maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH

requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had been a fire risk assessment completed for the premises in 2010. We saw the checks the team had recently implemented and these included weekly checks to test the smoke alarms and we saw the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at the practice meeting. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

A lone worker policy and risk assessment was not in place for staff who work on their own in the practice without the support of any other member of staff.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The policy was not dated and referred to an older version of guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. The staff were not aware of all the daily and weekly tests that should be carried out by to ensure the sterilisers were in working order. We brought this to the attention of the registered provider to ensure guidelines and manufactures instruction were followed.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05).

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in December 2016 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

Are services safe?

services to meet satisfactory levels of decontamination of equipment. The previous audit had been completed in 2012. We discussed this with the registered provider as this should be completed on a six monthly basis and a detailed action plan should be in place.

We inspected the decontamination and treatment rooms. The rooms were very clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in February 2015. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients. The monitoring of hot and cold water temperatures was not being carried out as per the recommendations of the risk assessment. Staff had not received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used appropriate cleaning equipment in line with HTM01-05 guidelines.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment in February 2016, X-ray machines in October 2016 and Portable Appliance Testing (PAT) in December 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Local anaesthetics were stored appropriately and prescriptions were stored securely and only stamped at point of issue.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure 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 all surgeries, in the X-ray room and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

We saw evidence of an intra-oral X-ray audit, this was not dated. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.

We saw the dentist was up to date with their continuing professional development training in respect of dental radiography. The dental nurses had completed no training in regards to radiography. The registered provider told us they had organised in house training in the near future.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required 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. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentist told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audits had action plans and learning outcomes in place. This helps address any issues that arise and sets out learning outcomes more easily.

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, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay.

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

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records

that smoking cessation advice was given to patients who smoked. Patients would also be given advice if their alcohol consumption was above the national recommended limit.

Staffing

We were told 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 practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We did not see evidence of any completed induction record in the induction files.

Staff told us they had access to on-going training to support and advance their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. The registered provider had shown a significant personal commitment to postgraduate education in order to enhance his knowledge and skills for the benefit of patients.

Staff told us they had recently implemented appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered provider at any time to discuss continuing training and development as the need arose.

Working with other services

The dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were of suitable standards.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA). The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was very positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

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

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet in accordance with the Data Protection Act 1998.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Music was played throughout the practice treatment rooms for patients and a selection of magazines and televisions were in the waiting room. Cool drinking water was available for patients.

Information folders containing leaflets on oral health advice were available for patients to take home.

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 practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

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 the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website. The information leaflet included details of the staff, dental treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group. We were told a disability access audit carried out in 2010; this was not available on the day of the inspection. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs.

Staff had access to a translation service where required and there were disability aids within the practice such as a permanent ramp and accessible toilet with hand rails.

We also saw the consent forms could be made available in a large print version and the practice had access to translation services for those whose first language was not English.

Access to the service

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

The opening hours are:

Monday 09:00 - 19:00

Tuesday 08:30 - 19:10

Wednesday 09:00 - 17:00

Thursday 08:30 - 19:10

Friday 08:30 - 17:30

Saturday 08:30 - 11:30.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

The registered provider was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

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.

The practice had received no complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The registered provider was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice did not have an embedded approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy. Staff were aware of their roles and responsibilities within the practice. We found some policies were referring to out of date guidance and not been reviewed.

There was an effective management structure in place to ensure the responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time.

The practice recently implemented staff meetings involving all staff members and also had daily informal morning

meetings to ensure everyone had a role for the day and could raise any concerns if required. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the registered provider was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection prevention and control. The X-ray audit was not dated and the infection prevention and control audit had been completed in December 2016, the last audit had been completed in 2012.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. They were keen to state that the practice supported training which would advance their careers.

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

The practice did not have a system in place to involve, seek and act upon feedback from people using the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. The comments were collated, reviewed and action was taken if required.