Honeycomb Dental Clinic

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Inspection Report

4 Sandford Road
Winscombe
BS25 1HD
Tel:. 01934 842573
Website:

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Overall summary

We carried out an announced comprehensive inspection on 21 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 this practice was providing safe care in accordance with the relevant regulations

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Honeycomb Dental Clinic was taken over by the current provider in April 2015. It offers 80% NHS and 20% private dental care services to patients of all ages. The services provided include a broad range of conventional diagnostic, preventative and restorative treatment. The practice has two treatment rooms, a waiting area and a local decontamination unit. The waiting room and one of the treatment rooms is on the ground floor, with a second treatment room and the decontamination unit on the first floor of the premises.

The practice has two dentists, a dental therapist/ hygienist, two qualified dental nurses a practice manager and three part time receptionists. The principal dentist is the registered manager. 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.

The practice is open Monday to Friday from 9.00am until 1.00pm and 2.00pm until 5.30pm.

We reviewed 28 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with four patients on the day of our inspection. Feedback from patients was positive about the care they received from the practice. They commented staff put them at ease, listened to their

Summary of findings

concerns and they had confidence in the dental services provided. They told us the practice had improved both in the environment and in the dental care provided since April 2015.

Our key findings were:

- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients' oral health.
- There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.
- Staff were supported to maintain their continuing professional development; had undertaken training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients commented they felt involved in their treatment and that it was fully explained to them. We reviewed 28 CQC comment cards completed by patients. Common themes were patients felt they received very good care in a clean environment from a helpful practice team.
- The practice had an efficient appointment system in place to respond to patients' needs. Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.

The practice had an accessible and visible leadership team with clear means of sharing information with staff.

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 this practice was providing safe care in accordance with the relevant regulations.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. The practice carried out and reviewed risk assessments to identify and manage risks.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

Are services effective?

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

The practice kept detailed electronic and paper records of the care given to patients including comprehensive information about patients oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health. Patients spoken with and comments received via the CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed specific training in the last 12 months in line with their professional development plan.

Are services caring?

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

We reviewed 28 completed CQC comments cards and spoke with four patients on the day of the inspection. Comments were overwhelmingly positive about how they were treated by staff at the practice. Patients commented they felt involved in their treatment and that it was fully explained to them.

The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Are services responsive to people's needs?

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

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. Patients who commented on this service reported this was helpful.

The practice audited the suitability of the premises and ensured they were able to accommodate patients with mobility difficulties. There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients.

Summary of findings

Are services well-led?

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

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported.

The practice had an accessible and visible leadership team with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend.

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

Honeycomb Dental Clinic

Detailed findings

Background to this inspection

This inspection took place on the 27 October 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed NHS England area team we were inspecting the practice; however we did not receive any information of concern from them.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives, a record of any complaints received in the last 12 months and details of their staff members together with their qualifications and proof of registration with the appropriate professional body.

During the inspection we toured the premises and spoke with practice staff including, the dentists, dental nurses and receptionists. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The practice maintained a significant event folder in each treatment room. There had been no significant events in the practice. However we saw the folders included a proforma for a detailed description, the learning that had taken place and the actions taken by the practice as a result. Records seen showed accidents and significant events were discussed and learning shared at practice meetings.

The princal dentist told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist and practice manager told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to a flow chart of how to raise concerns and contact details for both child protection and adult safeguarding teams in the local area.

The principal dentist was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last 12 months. However the lead professional had not yet completed child protection training to level 3 as required by national guidance (Safeguarding and the Dental Team). However we were shown evidence they were booked on a training course to obtain level 3 in the next few weeks Staff we spoke with told us they were confident about raising any concerns.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Rubber dams were used in root canal treatment 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.

Medical emergencies

The practice held emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. These medicines were all in date and fit for use. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. The dental team practiced specific medical emergency scenarios to support them to respond quickly to medical emergencies and to practise using equipment.

Are services safe?

Two members of staff were trained in first aid and first aid boxes were available on both floors of the practice.

Staff recruitment

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. It was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed 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. Records confirmed these checks were in place. We looked at the files for two members of staff who had joined the practice in the last 12 months and found they contained appropriate recruitment documentation.

Newly employed staff had an induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Newly employed staff met with the practice manager and principal dentist to ensure they felt supported to carry out their role.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. Records showed that fire detection and fire fighting equipment such as smoke detectors and fire extinguishers were regularly tested. Fire drills had not yet taken place but the practice manager showed us they had a fire drill planned within the next month.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed. They identified significant hazards and the controls or actions taken to manage the risks. The practice manager told us the risk assessments would be reviewed annually. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

Infection control

The principal dentist was the infection control lead professional and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, use of the ultrasonic bath and where necessary manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and infection control daily checks for each treatment room which had been completed daily. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective

equipment for the protection of patients and staff members. Patients we spoke with and who completed CQC comments cards were positive about the cleanliness of the practice.

Although the practice had a new and fully equipped decontamination room it was not yet in use. The provider told us this was due to a shortage of staff. Therefore decontamination was taking place in the surgeries which was not best practice but did meet the minimum standards of HTM 01-05. In accordance with HTM 01-05 guidance we were shown an instrument transportation system which had been planned to ensure the safe movement of instruments between the treatment room and the decontamination unit to minimise the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in rinsing dirty instruments; and in inspecting, cleaning, sterilising, packaging and storing clean instruments. The practice routinely used an ultrasonic washer to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage before sterilising them in the autoclave (sterilising machine). Staff wore eye protection, an apron and heavy duty gloves throughout the cleaning stages. Sterilised instruments were then placed in sealed pouches with a use by date.

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

Records showed risk assessment for Legionella had been carried out by an external company. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients, water testing weekly and monitoring cold and hot water temperatures each month. Records seen corroborated these actions were being completed.

The practice manager helped to ensure staff had the right knowledge and skills to maintain hygiene standards. Records showed the principal dentist carried out staff observations for example regarding hand washing and the correct disposal of clinical waste. They provided staff with on going training to ensure best practice standards were maintained.

The practice carried out a range of audits to ensure standards were being maintained and to identify areas for further improvement. For example, the self-assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) had been completed. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed a decontamination audit was carried out in September 2015. We saw the audit results indicated the practice was meeting the required minimum standards. We were told a re-audit had been completed the week prior to inspection however the practice was unable to access the audit results on the day of inspection. During the inspection we observed the practice was meeting the minimum standards as required by HTM 01-05.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely and staff kept a detailed record of stock in each treatment room.

Prescriptions pads were stored securely and details were recorded in patients dental care records of all prescriptions issued.

Radiography (X-rays)

Are services safe?

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained; a radiation risk assessment was in place. The provider demonstrated they had undertaken an X-ray audit of a small sample of x-rays. The practice manager showed us their action plan in which this audit was identified for action the following month together with a plan for on going audit of x-rays to monitor quality and safety.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed paper and electronic records of the care given to patients. The practice manager told us they are slowly moving to all electronic records. We reviewed the information recorded in five patient records and found they provided comprehensive information about patients oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums and an extra oral assessment. For example we saw details of the condition of patients gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were reviewed at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure every NHS patient gets fair access to quality treatment.

Medical history checks were updated at every visit and patient records we looked at confirmed this. This included an update about patients health conditions, current medicines being taken and whether they had any allergies. Patients spoken with and comments received via CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

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' (This 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 applications for children, high concentrated fluoride toothpaste and oral health advice were provided. Patients were referred to the practice's dental therapist as required.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

The practice provided health promotion information to support patients in looking after their general health using leaflets, posters, and a patient information file and via their noticeboard situated in the waiting room. This included making patients aware of the early detection of oral cancer. Patients we spoke with told us they found the noticeboard and patient information file most informative.

Staffing

The practice team consisted of two dentists, a dental therapist/hygienist, two dental nurses, three part time receptionists and a practice manager. The principal dentist and practice manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support and infection prevention and control. New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The newest member of staff told us this had been very helpful and informative. Dental nurses received day to day supervision from the dentists and support from the practice manager.

Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on going programme of continuing professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

There was an effective appraisal system which had been recently implemented and was used to identify training and development needs. Staff we spoke with told us they had accessed specific training in the last six months in line with their professional needs.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed a detailed proforma and referral letter to ensure the specialist service had all the relevant information required. The principal dentist told us they had good access to urgent dental care services and could make telephone contact initially with the specialist service to ensure patients were seen quickly.

Dental care records contained details of the referrals made and the outcome of the specialist advice. The practice used their IT system to create daily tasks which supported them to complete referrals in a timely manner and to check the progress of urgent referrals. This also provided information which could be used as part of their on going programme of record keeping audits.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. Staff had received specific MCA training and had a good working knowledge of its application in practice.

The dentist we spoke with was also aware of and understood the use of the Gillick competency test in relation to young persons (under the age of 16 years). 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 reviewed a random sample of five dental care records. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 28 completed CQC comments cards and spoke with four patients on the day of the inspection. Comments from patients were overwhelmingly positive about how they were treated by staff at the practice. Patients commented they were treated with respect and dignity and that staff were friendly and reassuring. We observed positive interactions between staff and patients arriving for their appointment and how staff were helpful and discreet to patients on the telephone.

The principal dentist told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

The ground floor waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us there was a room available if patients wished to discuss something with them away from the reception area. All treatment room doors remained closed during consultations.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to and respected. 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. Dental care records we looked at reflected this.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice information folder in the waiting room. The services provided include preventative advice and treatment and routine and restorative dental care**.**

Patients we spoke with told us they had flexibility and choice to arrange appointments in line with other commitments. We observed the practice arranged appointments for family members at consecutive appointment times for their convenience.

Patients booked in with the receptionist on arrival who kept patients informed if there were any delays to appointment times.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place and provided training to support staff in understanding and meeting the needs of patients.

The practice had easy access into the building and we saw there was one treatment room on the ground floor which was accessible for patients with reduced mobility. Parking was available at the front of the practice with further parking spaces in the car park next door.

Dental care records included alerts about the type of assistance patients required. Staff told us they ensured patients who were unable to use the stairs were treated in the downstairs treatment room.

Access to the service

The practice displayed its opening hours on the door to the practice, in the premises and in the practice information leaflet. Opening hours were Monday to Friday from 9.00am to 1.00pm and 2.00pm to 5.30pm. The practice was closed at weekends.

Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. CQC comment cards reflected patients felt they had good access to routine and urgent dental care. There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. The out of hour's number was also clearly displayed on the practice door.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included telephoning patients as a reminder. Patients we spoke with told us this was very helpful.

Concerns & complaints

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

The practice had received four complaints since April 2015. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place which ensured a timely response which sought to address the concerns and effect a satisfactory outcome for the patient. Information for patients about how to raise a concern or offer suggestions was available in the practice information folder in the reception area and waiting room.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were in place including processes to ensure the safety of patients and staff members. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example fire, use of equipment and infection control. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There were relevant policies and procedures in place to govern activity. There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them. These included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service.

There were monthly practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity. We saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed.

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff told us there was an open culture within the practice which encouraged candour and honesty. There were clearly defined leadership roles within the practice with the practice ethos of providing high quality dental care to their patients. The principal dentist told us patients were informed when they were affected by something which went wrong, given an apology and told about any actions taken as a result.

There were structured arrangements for sharing information across the practice team, including holding regular meetings which were documented for those staff unable to attend.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC) Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits. These included audits of record keeping, waiting times, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical histories. However we noted there was no radiograph audit as required by the GDC Standards in Dental Practice. The provider told us they would take immediate action to address this shortfall.

Where areas for improvement had been identified in the audits, action had been taken. For example through discussion and training at practice meetings. There was evidence of repeat audits to monitor improvements had been maintained.

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

The practice had systems in place to seek and act upon feedback from patients using the service. The practice had a compliments book in the waiting area which had a number of very positive comments recorded.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback about the services provided. The practice planned to carry out an annual patient and staff survey to encourage feedback about the practice.