

Oasis Dental Care Limited

Oasis Dental Care – Bridlington

Inspection Report

Bessingby Industrial Estate
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Overall summary

We carried out an announced comprehensive inspection on 1 December 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Oasis Dental Care Bridlington is located on the outskirts of Bridlington, Humberside. There are three ground and three first floor surgeries. There is one main reception area and two waiting areas for both ground and first floor surgeries. There are three dentists, a practice manager, a practice coordinator and six dental nurses (one of which is a trainee) and two receptionists. Parking is available at the practice.

The practice offers a mix of NHS and private dental treatments. The services include preventative advice and routine restorative dental care.

The practice is open:

Monday, Wednesday and Thursday 08:00 – 19:00

Tuesday and Friday 08:00 – 17:30

The practice manager is the registered manager. On the day of the inspection the registered manager was away from the practice so the practice coordinator, who was covering, was available. A registered manager is a person

Summary of findings

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

On the day of inspection we received 16 CQC comment cards providing feedback and spoke with six patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly, professional, polite and caring and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- 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.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's awareness for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's awareness of the 'Delivering Better Oral Health' toolkit.
- Review the practice's testing procedures for autoclaves and subsequent recording process.
- Review the action points from the legionella risk assessment have been addressed and reviewed as required.
- Review audits of various aspects of the service, such as radiography, infection prevention and control and dental care records are undertaken within the guidelines to help improve the quality of service. The practice should also review all audits have documented learning points and the resulting improvements can be demonstrated.
- Implement a plan as to how and when the practice will achieve best practice, 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 protocol for receiving, sharing and acknowledging alerts by e-mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

We saw staff had received a variety of training in infection control. There were two decontamination rooms and guidance for staff on effective decontamination of dental instruments.

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 appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated October 2014, evidence of regular water testing was being carried out in accordance with the assessment, however the action plan needed addressing.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded and any changes in risk factors were also discussed and recorded.

The practice did not follow guidelines when delivering dental care. These included guidance from NICE and Faculty of General Dental Practice (FGDP) as all dentist were not aware of these guidelines. All dentists were not aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice; however staff told us they provided preventative advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays but not always including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Summary of findings

On the day of inspection we received 16 CQC comment cards providing feedback and spoke to six patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly, professional, polite and caring and they were treated with dignity and respect in a clean and tidy environment.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had good disability access through the front door and an intercom system was in place to help anyone who required support. The practice had pens adapted to help patients with manual dexterity requirements and a hearing loop was available at reception.

The practice had a complaints process which was easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patient advice leaflets available in the waiting rooms.

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. The patient coordinator was responsible for the day to day running of the practice and also delegated tasks to the lead infection prevention and control nurse.

Staff reported that the practice coordinator was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us they enjoyed working there.

The practice regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test. The practice regularly sought feedback from patients in the form of a satisfaction survey in order to improve the quality of the service provided.

The practice held regular staff meetings which were minuted, gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection prevention and control and X-rays.

Oasis Dental Care - Bridlington

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 carried out on 1 December 2015 and was led by a CQC inspector and a specialist advisor.

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

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the practice coordinator, three dentists, a receptionist and two dental nurses. We saw policies, procedures and other records relating to the management of the service. We also reviewed 16 CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered manager.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice coordinator told us that any accident or incidents would be discussed at practice meetings or whenever they arose.

We saw the practice had an accident book which had no entries recorded in the last 12 months. On the day of the inspection an event occurred and supporting evidence was supplied to corroborate how staff had handled the situation. This was in accordance with their policy and would be reviewed at a staff meeting to prevent further incidents.

The practice coordinator told us they received alerts by e-mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were given to staff, actioned and stored for future reference; there was no system in place to acknowledge staff had read and understood the alerts and this was brought to the attention of the practice coordinator on the day of the inspection.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and vulnerable adults using the service. They did not include the contact details for the local authority safeguarding team, social services and other relevant agencies; this was brought to the practice coordinators attention and contact with the local authority was established to share information. One of the dentists was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. In respect of safeguarding children, all staff were trained to level two. The practice coordinator demonstrated an 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.

The dentists told us that they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patients' airway.

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.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency; this was in line with the 'Resuscitation Council UK' guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, medical emergency oxygen, emergency medicines and AED were checked daily. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date and the medical oxygen cylinder had been serviced in October 2015.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant

Are services safe?

professional bodies and taking up references. Head office managed and reviewed this information and the practice had online personnel files which confirmed that the processes had been followed.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS 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 saw all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice); In addition, there was employer's liability insurance which covered employees working at the 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 may arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was revised and updated annually.

The practice had maintained a 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. We saw evidence the practice coordinator had reviewed the COSHH folder in October 2015 and all staff had signed to say they had read the new policy.

The practice coordinator showed us the fire extinguishers had been checked in October 2015. There was evidence of a fire drill had been undertaken in October 2015 and training for two fire marshalls had been completed. All staff had completed an online training module regarding fire safety. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had two decontamination rooms that were set out according to the Department of Health's guidance,

Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination areas from the 'dirty' to the 'clean' zones.

The rooms had extractor fans to aid good air flow to reduce the risk of cross contamination. There was a separate hand washing sink for staff, in addition two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in sealed boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. It was brought to the attention of the practice coordinator that not all records were kept of the decontamination cycles for the autoclaves to ensure they were functioning properly, including the helix test which tests for steam penetration within a vacuum steriliser and protein tests which test that the instruments have been cleaned correctly before sterilisation.

We saw from staff records that all staff had received infection control training at different intervals over the last year covering a range of topics including hand washing techniques.

There was adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilets.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was

Are services safe?

stored securely for collection inside the practice in a designated, locked area. The practice had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. New staff to healthcare were under the occupational health team to undergo a pre-employment health assessment, which includes a review of immunisation needs. It is recommended that 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 acquiring blood borne infections.

The practice had no evidence on the day of previous infection prevention and control audits. The practice had completed an audit in October 2015 where no action plans or learning outcomes were in place to help improve infection control procedures.

Discussions with the practice coordinator took place to make them aware that a plan as to how and when the practice will achieve best practice should be implemented. 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.

We reviewed the last legionella risk assessment report dated October 2014. Legionella is a term for particular bacteria which can contaminate water systems in buildings. There was evidence all water tests had recently been implemented by the practice coordinator. However the action plans that had been recommended had not been addressed, including training of a nominated person. This was brought to the attention of the practice coordinator to review as soon as possible.

Equipment and medicines

Staff told us that Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken two yearly and had been completed in March 2014.

We saw the fire extinguishers had been checked annually to ensure they were suitable for use if required. We saw that the fire extinguishers had been checked in October 2015.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept on the premises.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used. We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw the dentists were up to date with their continuing professional development training in respect of dental radiography as were all dental nurses. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The practice coordinator told us that they undertook monthly quality audits of the X-rays taken. We saw the results of the October 2015 audit and discussed the audit process was not in accordance with the National Radiological Protection Board (NRPB). Action plans were not in were in place to continuously improve the procedure and reduce future risks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' electronic dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

The dental care records we looked at with the dentists showed that at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists were aware of the patient's present medical condition before offering or undertaking any treatment. The dental care records showed that dental examination appointments included checks for gum disease and oral cancer had taken place.

There was evidence that patient dental care records had been recently audited. This ensures they comply with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in November 2015 where no action plans or learning outcomes were in place to address the issues that arose. An internal clinical advisor attended the practice to review the records; there was no evidence of how many records had been reviewed for each clinician.

The patient dental care records we looked at showed they were not always in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was not routinely recorded. Justification and grading of radiographs were also not always recorded. The practice recorded that medical histories had been up dated prior to treatment. Soft tissue examinations, a diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. This was not always recorded in the patient dental care records.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records that the dentists were following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as orthodontics or oral surgery were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries.

The practice coordinator advised us they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. However, not all dentists were aware of this toolkit and this was discussed with the practice coordinator to review.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. Packages were provided for staff to access a variety of online course including health and safety, cross infection prevention and control and radiography.

Are services effective?

(for example, treatment is effective)

Staff training was monitored and recorded by the practice coordinator. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff told us they had annual appraisals and training requirements were discussed at these times.

The practice had a good availability to staff to help cover period of absence, for example because of sickness or holidays as other sister practices were close by to lend support when required.

Working with other services

The dentists explained that they would refer patients to other dental specialists when necessary, for example patients for minor oral surgery and orthodontic treatment when required.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients when oral cancer was suspected. The dentists said they had a good line of communication with local services to help efficient and effective treatment for patients.

Consent to care and treatment

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions for themselves). All staff demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The practice coordinator and dentists informed us that verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Patients with complicated or detailed treatment requirements had a longer consultation appointment to highlight all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient care records.

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. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The practice coordinator was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. All staff had completed information governance training and this was reviewed annually. We saw patients' dental care records were held securely on a computer and passwords were regularly changed.

We received 16 CQC comment cards providing feedback and spoke with six patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be pleasant and efficient and caring and they were treated with dignity and respect.

Music was played in the surgeries to help relax patients before and during their appointments. Cold water was available for patients and magazines whilst they waited for their appointments.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that they were involved in their care and treatment.

Monitors were in place within the surgeries with intra-oral cameras so that all aspects of a patient treatment journey could be explained. Intra-oral pictures could also be taken so the patient could see more easily what was being discussed and options given.

When treating children the dentists told us that to gain their trust and consent they explained the reasons for the treatment and what to expect with the child, they would also involve their parents or carer. For patients with disabilities or in need of extra support staff told us that they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The dentists told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The practice is open:

Monday, Wednesday and Thursday 08:00 – 19:00

Tuesday and Friday 08:00 – 17:30

For patients in need of urgent dental care during normal working hours the practice offered same day appointments for example those patients in pain.

Tackling inequity and promoting equality

Three surgeries are located on the ground floor of the building and three are on the first floor. Access to the practice was good for all patients and an intercom system was available at the front door if anyone required help and support to access the building. The practice had staggered lunch hours so patients needing access to the ground floor surgeries could be accommodated each day and see their own dentist.

We saw all staff had received equality and diversity training and staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

New patients to the practice were asked if they had any mobility requirements so they could be allocated to a

dentist that normally worked in one of the downstairs surgeries. A marker was then placed on the patient dental care records so staff were aware of this before the patient attended for future appointments.

Information about translation services and contact details were available if the need arose.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed to the NHS 111 service.

Concerns & complaints

The practice had a complaints policy and procedure in place. The practice displayed information in the waiting areas on how to complain, the practice also provided patients 'about us' advice leaflets including information about staff, opening times and how to access out of hours urgent treatment.

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received two complaints in the last year. There was evidence that complaints had been processed in accordance to the policy and in a timely manner, they had been raised at staff meeting to discuss if any changes could be put in place to prevent further complaints.

The staff were aware of the complaints process and told us they would refer all complaints to the practice coordinator to deal with.

Are services well-led?

Our findings

Governance arrangements

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 recruitment policy, safety policy and an infection control policy. Staff were aware of their roles and responsibilities within the practice.

There was evidence that patient dental care records had been recently audited. This ensures they comply with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in November 2015 where no action plans or learning outcomes were in place to address the issues that arose. An internal clinical advisor attended the practice to review the records; there was no evidence of how many records had been reviewed for each clinician.

The practice coordinator told us they undertook monthly quality audits of the X-rays taken. We saw the results of the October 2015 audit. The process for gathering and reviewing information was not in accordance with the National Radiological Protection Board (NRPB). Action plans and learning outcomes were not in place to continuously improve the procedure and reduce future risks.

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. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us that the practice coordinator was responsive to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The practice coordinator was aware of their responsibility to comply with the duty of candour and told us they preferred to address any concerns or issues immediately should they arise.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date. We saw staff had personal files and showed that training was accessed through a variety of sources including formal courses, online training and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection prevention and control which had no action plans or learning outcomes in place. The X-ray audit process for gathering and reviewing information was not in accordance with the National Radiological Protection Board (NRPB) guidelines. Action plans and learning outcomes were not in place to continuously improve the procedure and reduce future risks. The Patient dental care record audit also had no action plan or learning outcomes.

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

The practice coordinator explained that the practice had a good relationship with its patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that patients were extremely likely to recommend the practice to family and friend. These results and the practice survey results were displayed in the patient waiting area and on the practice website.

We saw the practice held regular practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.