Rodericks Dental Limited

Tewkesbury House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26th January 2017 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

Tewkesbury House Dental Practice is located in the centre of Tewkesbury and provides NHS and private treatment to patients of all ages. The practice consists of five treatment rooms, toilet facilities for patients and staff, a reception area, waiting areas, a staff room and an office.

The practice treats both adults and children. The practice offers routine examinations and treatment. There are seven dentists, two hygienists, five trainee dental nurses, two qualified dental nurses, three receptionists and a practice manager.

The practice's opening hours are

8.00 to 20.00 on Monday

8.00 to 17.30 on Tuesday

8.00 to 20.00 on Wednesday

8.00 to 20.00 on Thursday

8.30 to 18.00 on Friday

Out of hours patients were directed to phone 111 who will direct them to the nearest dental access centre.

Summary of findings

We carried out an announced, comprehensive inspection on 26th January 2017. The inspection was led by a CQC inspector who was accompanied by a specialist dental advisor.

Before the inspection we looked at the NHS Choices website. In the previous year there had been 21 comments about the practice which ranged from poor to excellent. The majority were positive and the overall rating was 4.5 stars. The practice had responded to all the comments on NHS Choices except one and they were in the process of responding to this one.

For this inspection 22 people provided feedback to us about the service. Patients were positive about the care they received from the practice. They were complimentary about the service offered which they said was very good and excellent. They told us that staff were professional, helpful, caring and friendly and the practice was clean and hygienic.

Our key findings were:

• Safe systems and processes were in place, including a lead for safeguarding and infection control.

• Staff recruitment policies were appropriate and most of the relevant checks were completed. Staff received relevant training.

• The practice had ensured that risk assessments were in place.

• The clinical equipment in the practice was appropriately maintained. The practice appeared visibly clean throughout.

•The process for decontamination of instruments followed relevant guidance.

• The practice maintained appropriate dental care records and patients' clinical details were updated.

• Patients were provided with health promotion advice to promote good oral care.

• Written consent was obtained for dental treatment.

• The dentists were aware of the process to follow when a person lacked capacity to give consent to treatment.

• All feedback that we received from patients was positive; they reported that it was a caring and friendly service.

• There were arrangements for governance at the practice such as systems for auditing patient records, infection control and radiographs.

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

- Review the use of the re-sheathing device for hypodermic needles to ensure that the risk of a sharps injury is minimised.
- Review the recruitment procedures to ensure that two written references are obtained before new staff start work in the practice.
- Review the arrangements for keeping recruitment records in the practice to ensure that the registered manager has full information about prospective staff including written references.
- Review the arrangements for communication to include a hearing loop for patients with a hearing impairment.

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.

There were appropriate systems for reporting incidents and for learning from incidents. Staff had received training about safeguarding adults and children. There were policies about safeguarding and whistleblowing and staff knew how to report any concerns.

There were also arrangements for dealing with foreseeable emergencies, for fire safety and for managing risks to patients and to staff. There was a business continuity plan. Hazardous substances were managed safely.

Most of the appropriate checks were being made to make sure staff were suitable to work with vulnerable people. However, references were not always obtained before staff started to work in the practice. The necessary medicines were in place. Equipment was regularly serviced. X-rays were dealt with safely.

The surgeries were fresh and clean and guidance about decontamination of instruments was being followed to reduce the risk of the spread of infection.

No action ✓

Are services effective?

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

The dentists took X-rays at appropriate intervals. The practice was checking the condition of the gums for every patient and they were checking for oral cancers. Patients completed medical history questionnaires and these were updated at each visit. The practice kept up to date with current guidelines and research. They promoted the maintenance of good oral health through information about effective tooth brushing. The dentists discussed health promotion with individual patients according to their needs.

The practice had sufficient staff to support the dentists. Staff received appropriate professional development and all of the expected training. Unqualified nurses were receiving appropriate support to achieve a qualification.

The practice had suitable arrangements for working with other health professionals and making appropriate referrals to ensure quality of care for their patients. Patients were asked for written consent to treatment. Patients told us that the dentists discussed options for treatment with them. The patient records recorded options for treatment to help patients to make decisions about their care. The dentists showed understanding about the Mental Capacity Act 2005 (MCA) and what they would do if an adult lacked the capacity to make particular decisions for themselves.

No action ✓

Are services caring?

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

No action ✓

Summary of findings

Staff in the practice were polite and respectful when speaking to patients. Patients' privacy was respected and treatment room doors were closed during consultations. The practice used an electronic record system and the computer screens in reception were shielded so that they could not be seen by patients.

Patients were positive about the care they received from the practice. They reported that staff were professional, helpful, caring and friendly. Patients told us that they were involved in decisions about their care and gave consent to treatment.

Are services responsive to people's needs?

No action ✓

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

The practice had a system to schedule enough time to assess and meet patients' needs. Patients said that they could get an appointment easily. Emergencies were usually fitted in on the day the patient contacted the practice. The practice actively sought feedback from patients on the care being delivered. There was a procedure about how to make a complaint and the process for investigation. We saw evidence that the practice responded to feedback made direct to the practice and made changes when necessary.

There was an equality and diversity policy and staff had received training about equality and diversity. There was information about translation services for people whose first language was not English. Some staff spoke different languages. There was level access for wheelchair users to two surgeries and there was a toilet with disabled access. There was no hearing loop system for patients who had a hearing impairment.

Are services well-led?

No action ✓

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

The practice had set up systems for clinical governance such as audits of the infection control, record keeping and radiographs. The area manager conducted site visits to monitor the quality of the service. There were checks of equipment. The autoclave and compressor were serviced and there were daily checks of the autoclave.

The practice had a range of policies which were made available to staff.

The practice manager was the lead for the practice supported by more senior managers in the organisation. There was a whistleblowing policy and information for staff about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no such incidents.

The practice manager held team meetings and discussions where staff discussed developments in the practice such as new policies and patient safety alerts. Staff were responsible for their own continuing professional development and kept this up to date.

The practice was seeking feedback from patients through patient satisfaction feedback forms and the NHS friends and family test. They responded to comments from patients on the NHS Choices website. They made improvements in response to the feedback.

Tewkesbury House Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 26th January 2017. The inspection was led by a CQC inspector who was accompanied by a dental specialist advisor.

We reviewed information received from the provider before the inspection. During our inspection visit, we met with the dental nurse advisor and the practice manager, who was also the registered manager for the practice. Like registered providers, a registered manager is a 'registered person'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed policy documents and dental care records. We spoke with two dental nurses and three dentists. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

Twenty two people provided feedback about the service. Patients, who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was a system for reporting and learning from incidents. There was an accident book and information about any accidents was sent to the clinical director who would report to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) if applicable. There was also an untoward incident log to record all incidents and information about any incidents would be sent to the clinical director for investigation. The clinical director had an overview of all accidents and untoward events in the organisation and sent a memo to all the practices if there was any remedial action needed or any learning form the event. The practice manager told us that learning from accidents and incidents would be discussed in team meetings. We looked at the team meeting minutes and saw that learning from accidents and incidents was a regular agenda item and incidents were discussed. We saw a record of one untoward event where remedial action had been taken and an apology was given to the patient, who was not harmed.

Reliable safety systems and processes (including safeguarding)

There was a procedure on the wall of each surgery stating what to do if a member of staff had a sharps injury. A sharps injury is when a person is injured by a needle or other sharp object. There had been no such incidents in the last two years. There were systems to reduce the risk of a sharps injury. There were sharps bins in each surgery. There was a safe sharps risk assessment. We saw that the practice was using a safety system for re-sheathing needles. However, we noted that this was not always used in practice so there was a risk of injury. We saw evidence that staff were immunised against Hepatitis B to ensure the safety of patients and staff.

The practice had policies and procedures for child protection and safeguarding adults. This included contact details for the local authority social services. The practice manager was the safeguarding lead for the protection of vulnerable children and adults. We saw certificates to show that staff had received training about safeguarding adults and children. Staff would raise concerns with the safeguarding lead and any safeguarding issues would be discussed in team meetings to promote learning for staff. There had been no safeguarding issues reported by the practice to the local safeguarding team. However, the manager said that they had phoned the team for advice. There was a whistleblowing policy, which staff could follow if they had concerns about another member of staff's performance. There was information for staff about safeguarding and whistleblowing on the notice board in the staff room.

The registered manager received safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA) and NHS England. They kept a log of alerts and would discuss any relevant alerts with staff face to face. The clinical director would send an email to make sure that the information had been shared. The manager would discuss alerts in team meetings under the health and safety agenda item.

Staffing and Recruitment

The practice staffing consisted of seven dentists, two hygienists, five trainee dental nurses, two qualified dental nurses, three receptionists and a practice manager. We looked at the recruitment records of two trainee nurses, two receptionists and one dentist who had been recruited to the practice. Each member of staff had completed a curriculum vitae (CV). They each had a Disclosure and Barring Service (DBS) check and had a copy of their passport as proof of identity and information about their right to work in the UK. The references for the dentist were kept at head office and were not available to see and the registered manager did not receive confirmation that satisfactory references had been received. The registered manager told us that they followed up with head office to see if references had been received but they did not receive copies. Two references had been requested for each of the trainee dental nurses. However, the practice had received no references for the trainee dental nurses before they started work. One receptionist had started work with no references and the other receptionist had only one reference. There was a record of the immunisation status of the nurses and dentists. We saw that appropriate checks of registration with the General Dental Council (GDC) had been carried out for the qualified staff. There were certificates of qualifications.

A system of appraisals had been developed for staff but appraisals had not yet taken place for the staff who had recently been recruited. The dentists' appraisals were

conducted by the clinical advisor in the company. New staff had a probationary period and met with the practice manager after three months and six months to monitor progress.

Medical emergencies

The practice had arrangements to deal with medical emergencies. Staff had received training in emergency resuscitation and basic life support and this was refreshed every year. We saw certificates for this training. The staff we spoke with were aware of the practice procedures for responding to an emergency. The practice had emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines and oxygen and 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). There were defibrillator pads for both adults and children. The oxygen cylinder and resuscitation mask were in date. The oxygen cylinder was being routinely checked for effectiveness and we saw records for these daily tests. We reviewed the contents of the emergency medicines kit. We saw records of weekly and monthly audits of the medicines and equipment and all the emergency medicines were in date. The glucagon injections were being kept in the fridge and the temperature of the fridge was checked daily. New staff had an induction and probationary staff had an induction an s

Monitoring Health and Safety and responding to Risk

There were arrangements to deal with foreseeable emergencies. We saw that there was a health and safety risk assessment for the general risks in the practice. These included the action to be taken to manage risk. The practice had a fire risk assessment and there were certificates showing that the smoke detectors and emergency lighting had been serviced. There was a fire log book to record weekly and monthly fire safety checks. The records showed that fire evacuation practices took place every six months. There were arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There were safety data sheets for all the products used within the practice.

The practice followed national guidelines on patient safety. For example, the dentists 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 should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a business continuity plan to ensure continuity of care in the event that the practice's premises could not be used for any reason.

Infection control

There were systems to reduce the risk and spread of infection. The practice manager was infection control lead for the practice. There was a comprehensive infection control policy which was updated annually. Clinical staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet. The dentists, dental nurses and hygienists wore uniforms in the clinical areas and they were responsible for laundering these.

There was a Legionella risk assessment (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We saw a log book of monthly checks of the temperatures at the cold and hot water outlets. The nurse showed us how they flushed the dental water lines in accordance with current guidance in order to prevent the growth of Legionella. They said that the dental water lines were cleaned once a week.

We examined the facilities for cleaning and decontaminating dental instruments in the decontamination room. The practice had followed the guidance on 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)' when setting up their decontamination rooms. They had one decontamination room for cleaning soiled instruments and another for sterilising and packing instruments. In accordance with

Are services safe?

HTM 01-05 guidance dirty instruments were carried from the surgery to the first decontamination room in a designated sealed box to ensure the risk of the spread of infection was minimised.

There was a clear flow from 'dirty' to 'clean.' There were two sinks, one for washing and one for rinsing. The dental nurse showed us the process for decontamination of instruments. They put on personal protective equipment (PPE) including domestic style rubber gloves. They scrubbed the instruments with a long handled brush before rinsing them in the rinsing sink. They inspected them for debris under an illuminated magnifying glass, placed them on trays and placed them in the hatchway between the two decontamination rooms. The dental nurse removed their PPE and washed their hands. They went into the second room and put on fresh gloves, then they put the trays of washed instruments into the autoclave to sterilise. After the sterilisation cycle was complete they took the instruments out of the steriliser to the clean area of the room, put them into date stamped bags and put them into separate baskets for each surgery. The dental nurses used a clean container to take the sterilised instruments back to the surgeries. The dental nurses also showed us how they cleaned down the surgeries between patients.

There were two autoclaves and they were checked daily and weekly for performance, for example, in terms of temperature and pressure. A log was kept of the results demonstrating that the equipment was working well. We saw certificates to show the autoclaves were serviced annually.

The practice was following relevant guidance about cleaning and infection control. Cleaning schedules were completed and the practice looked clean throughout. The practice used a colour coding system for cleaning equipment to reduce the risk of cross contamination. The dental nurses cleaned the surgeries. Four patients we spoke with and 18 patients who completed comment cards confirmed that the environment was always clean and hygienic. Ten people who completed comment cards said that he environment was safe and hygienic

Procedures to control the risk of infection were monitored as part of the daily checks and the practice had carried out cross infection audits. The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) for electrical items took place every three years and the last test was December 2015. There was a current fixed electrical wiring certificate dated 22nd October 2016.

Medicines were stored securely in a cupboard and a designated fridge. Prescription pads were locked in the office. The defibrillator was kept in reception. There was an oxygen cylinder with an up to date certificate. Staff said that there were sufficient dental instruments.

Radiography (X-rays)

There was an X–ray unit in each of the surgeries. There were suitable arrangements in place to ensure the safety of the equipment. We saw a log to show that the X-ray machines were maintained and we saw the certificates for the most recent examination in May 2016. We saw a radiation protection file which contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisors and the necessary records relating to the X-ray equipment. These were the critical examination packs for each X-ray set along with the maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules. The local rules describe the operating procedures for the area where X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area around the dental chair/patient and state the lowest X-ray dose possible to use. Applying the local rules to each x-ray taken means that X-rays are carried out safely. The service had a system of digital X-rays and X-rays were graded as they were taken. We saw records of audits of the radiographs.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We reviewed 18 adult dental care records and six children's records. The dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken. The records showed that an assessment of periodontal tissues was always undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.) Patients' BPE scores were recorded in the dental care records we read.

We found evidence that record keeping was audited. We saw that information about medical history was entered in patients' dental records and the records showed that this was reviewed and updated at every visit. This information was kept up to date so that the dentists were informed of any changes in patients' physical health which might affect the type of care they received. We spoke with four patients who said that they had completed a medical history questionnaire and they were asked about any changes at each visit.

We saw evidence that the practice kept up to date with the current guidelines and research in order continually to 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 referring patients for removal of wisdom teeth and prescribing antibiotics. They conducted risk assessments for patients to help them to decide appropriate intervals for recalling patients. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients.

Health promotion & prevention

The dentists discussed health promotion with individual patients as part of the routine examination process. This included discussions around smoking and sensible alcohol use. We saw records of examinations of soft tissue to check for the early signs of oral cancer.

The practice promoted the maintenance of good oral health through information about effective tooth brushing. We observed that there was information about tooth brushing and health promotion displayed in the waiting area. This could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staff skills and experience

There was a practice manager, seven dentists, two qualified dental nurses, five trainee nurses, two dental hygienists, and three receptionists. The practice manager told us that all staff received professional development and training. Courses for all staff included safeguarding, cardio pulmonary resuscitation, medical emergencies, infection control, health and safety, equality and diversity and the Mental Capacity Act 2005 (MCA.) There was also training about data protection, deaf awareness, fire safety, Legionella and first aid at work. The dentists, hygienist and the dental nurses were responsible for their own continuing professional development (CPD.) They logged all their training hours online with the General Dental Council (GDC.) We saw evidence that the dental nurses and dentists were keeping their CPD up to date.

There was a high ratio of five trainee dental nurses to two qualified dental nurses. The process of training the new nurses was being managed. The practice manager told us that each nurse had a buddy in the practice and they were supported by a nurse tutor in the organisation. They were also registered for nurse qualification courses and each of them had a course tutor. We spoke with two nurses who said that this level of support was sufficient for them to develop and they felt well supported.

Annual appraisals and personal development plans were planned for all staff. We saw records for four staff which confirmed that they had had an appraisal and personal development plan. There were action pans in the personal development plans with dates for completing the actions to help the staff to develop. The dentists had support and appraisals from the clinical advisor in the organisation.

Working with other services

The practice had suitable arrangements for working with other health professionals to ensure quality of care for their patients. The dentists used a system of onward referral to other providers, for example, for oral surgery and

Are services effective?

(for example, treatment is effective)

orthodontics. Where there was a concern about oral cancer a referral was made to the local hospital. Referral information was sent to the specialist service about each patient, including their medical history and X-rays.

Consent to care and treatment

The practice ensured that valid consent was obtained for all care and treatment. The dentists discussed treatment options, including risks and benefits, as well as costs, with each patient. We saw records of verbal and written consent in the patient notes. We spoke with three dentists who told us that they discussed options for treatment with patients. We saw entries in the patient notes which recorded when treatment options were discussed with patients. When treatment was needed for children the dentist obtained consent from their parents, or if a child was older and able to decide they obtained consent from the young person. The dentists told us how they involved children in decision making about their treatment through explaining and showing them what was going to happen using models and pictures.

We found that staff had training about the Mental Capacity Act 2005 (MCA). We spoke with three dentists who demonstrated knowledge about the MCA and capacity to consent. They said that they would always assume a person had capacity to consent to treatment and would explain to the person in simple terms. If the person had a relative with Power of Attorney they would involve them in decision making about treatment. They would always consider what was in the patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patient confidentiality was respected. The practice had an electronic system of patient records. Electronic records were password protected. The computer screens in reception could not be seen by patients. Staff had training about information governance and understood the importance of keeping information safe and respecting confidentiality. Patients were afforded appropriate privacy as the treatment room doors were closed during consultations. If a patient wished to discuss something with the receptionist in private they were invited into a vacant surgery for a private discussion. We observed that staff in the practice were polite and respectful when speaking to patients. Patients told us that they had sufficient privacy when treatment was carried out and staff were polite and respectful.

Patients who completed comment cards, were positive about the care they received from the practice. Patients reported that staff were professional, helpful, caring and friendly. They said that they provided a very good service. Four patients we spoke with said that the dentist and nurse were very friendly and helpful.

Involvement in decisions about care and treatment

The practice provided treatment plans for patients including costs. Verbal consent was obtained for the dentist's treatment plans. Four patients we spoke with said that the dentist explained treatment to them very clearly and listened to their views so that they could make decisions.

S**upport to patients**

The receptionists scheduled longer appointment when a patient was nervous. Anxious patients were offered a 'chat' with the dentist and more experienced dentists tended to see nervous patients. The dentists said that they put people at their ease by chatting and explaining their treatment in simple terms and by showing them what was going to happen. If necessary they referred patients to another practice for sedation or to the dental hospital for extractions. Patients who required urgent treatment were usually fitted in on the day they requested an appointment. Four patients we spoke with said that the dentists always listened to what they had to say.

Four patients who completed comment cards said that they or their children were nervous patients and the dentists were always caring and supportive. One patient told us that their child was scared of the dentist and the dentist took their time to help the child to relax. Another patient said that the staff were very caring and helpful towards their child. A third patient said that they had very good treatment and the dentist reassured them. A fourth patient said that their dentist was amazing at their job and their children were no longer scared of the dentist.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system to schedule enough time to assess and meet patients' needs. Emergencies were usually fitted in on the day the patient contacted the practice. The practice kept two designated emergency appointments a day for each dentist. After these slots were filled patients could sit and wait for a dentist to have space to see them. Patients commented that the staff provided a good service. Three patients told us that when they had had an emergency they were seen the day that they contacted the practice. Four patients said that it was easy to make an appointment. The practice actively sought feedback from patients on the care being delivered through annual satisfaction surveys. We saw evidence that the practice responded to feedback that they received. For example, the practice had extended the opening times so that they were open three evenings a week to make appointments more accessible.

Tackling inequity and promoting equality

There was an equality and diversity policy and there was training about equality and diversity. There were some reasonable adjustments in place. Staff had access to a translation system. Some staff spoke languages other than English. Two surgeries were downstairs with level access for people who used wheelchairs and there was a toilet with disabled access on the ground floor. However, there was no loop system for deaf people.

Access to the service

The opening hours were displayed in reception and on the website. Patients told us that they had no difficulty getting appointments. Emergencies were usually fitted in on the day the patient contacted the practice. For out of hours care patients were advised to phone NHS 111 who would direct patients to the local dental access centre.

Concerns & complaints

There was a procedure for making a complaint, including timescales for responding to complaints and the process for investigation. Information about how to make a complaint was displayed in the reception area. Four patients we spoke with were not aware of the complaints procedure but they knew how to make a complaint. Information about concerns and complaints would be recorded and there was a complaints log. There had been six formal complaints in the last year. These had been investigated and followed up with the complainant. There was a record of reflection and learning for staff who had been involved in the complaints. We saw team meeting minutes which showed that complaints were a regular agenda item and learning from complaints was shared with staff. For example, one learning point was to improve communication. Changes were made to the IT and administrative systems so that an issue did not arise again.

Are services well-led?

Our findings

Governance arrangements

The practice had set up systems for clinical governance. There were audits of infection control, records, radiographs, hand washing and water temperatures. All audits were reported on and there were action plans to improve performance. There were also tracking of untoward events, monitoring of complaints and discussions in staff meetings. The area manager conducted regular site visits to monitor the quality of the service.

There were checks of equipment. We saw evidence that the autoclave and compressor and X-ray machines were serviced. The nurse told us that they conducted daily checks of the autoclave and we saw records of these tests. We saw that there was a range of policies which were made available to staff. Appropriate records were kept.

Leadership, openness and transparency

The practice manager was the lead for the practice and they were also the lead for safeguarding, infection control and medical emergencies. There were dedicated fire wardens and a first aider for the workplace. We saw information for staff about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no incidents where patients had suffered harm as a result of their treatment. We saw a whistleblowing policy which was made available to staff.

Management lead through learning and improvement

The practice manager told us that there were team meetings once a month. There were also shorter weekly meetings called team talks where staff discussed developments in the practice such as new policies and learning from incidents and complaints. Any new information from head office was followed up with a staff discussion in team talk or a team meeting. The nurses told us that they were responsible for their own continuing professional development and kept this up to date. They said that they also had training within the practice and we saw records to show that relevant training was taking place, for example for safeguarding and health and safety. There were appraisals and personal development plans for staff.

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

There were comments from patients on the NHS Choices website and the practice had responded to all but one comment. They were in the process of responding to that comment. The practice used the NHS friends and family test and patients said that they would recommend the practice. Patient satisfaction feedback forms were sent to a sample of patients each year. We were shown the results of the survey in 2016 and there was an action plan to develop the service. As a result of feedback the practice had improved the deployment of reception staff so that the reception experience was more consistent. They had also introduced late night opening three days a week to improve access to appointments. Four patients we spoke with said that they had not been asked for their views but they would give feedback to the manager or dentist. However, they said that they had no suggestions for improvements.