Mr. Gavin Cowie

North Road Dental Surgery

Inspection Report

22 North Road
Boldon Colliery
NE35 9AR
Tel: 01915374878 / 0191 5190005
Website:

Date of inspection visit: 22 December 2016
Date of publication: 02/02/2017

Overall summary

We carried out an announced comprehensive inspection on 22 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

North Road dental practice has been providing NHS dental treatment for over 10 years to patients of all ages.

The practice is situated in a residential area in Boldon, Tyne and Wear. There are three treatment rooms, a dedicated decontamination room for sterilising dental instruments, two waiting areas, a reception and a staff kitchen. Car parking is available on the side streets near the practice. Access for wheelchair users or pushchairs is possible via a portable ramp at the front entrance.

The practice is open

Monday and Friday 0830 -1700, Tuesday 0900 -1800, Wednesday & Thursday 0900 -1700 and alternative Saturdays 0900 - 1200.

The dental team is comprised of two principal dentists, an associate dentist, a dental hygienist, five receptionist/ qualified dental nurses (one of whom is the practice manager) and two trainee dental nurses.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed 25 CQC comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

Summary of findings

- Staff were very friendly and enthusiastic about their work.
- The practice was visibly clean and free from clutter.
- The practice had systems for recording incidents and accidents.
- Staff received annual medical emergency training.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patients could access urgent care when required.
- Complaints were dealt with in an efficient and positive manner.
- An Infection prevention and control policy was in place. We saw sterilisation procedures followed recommended guidance.
- The provider did not have all emergency medicines and equipment in line with Resuscitation Council (UK) and the British National Formulary (BNF) guidance for medical emergencies in dental practice.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review availability, management and storage of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), the General Dental Council (GDC) standards for the dental team and the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice responsibilities in regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 to ensure all documentation is present and up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the need to install emergency lighting within the premises in accordance with the Regulatory Reform (Fire Safety) Order 2005.
- Review the practice's procedures and protocols for ensuring staff have access to medical emergency equipment whilst undertaking domiciliary visits.
- Review the requirements by the Department of Health in Information Governance training and learning.

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?

No action

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

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Emergency medicines and equipment were not fully in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We saw the practice did not have sufficient quantities of specific medicines and certain items of emergency equipment were not available.

We found prescription pads were not stored securely within treatment rooms. There were no systems in place to monitor and track the use of prescriptions.

Equipment for radiography and general dental procedures was tested according to manufacturer's instructions.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

We found the practice's Control of Substances Hazardous to Health (COSHH) file did not contain risk assessments for all the materials held within the practice.

We saw a fire risk assessment was undertaken by the registered provider; there was no emergency lighting within the premises in accordance with the Regulatory Reform (Fire Safety) Order 2005.

The practice did not receive patient safety alerts, recalls and rapid response reports from the Medicines and Healthcare products Regulatory Agency (MHRA) or the Central Alerting System (CAS) or from other relevant bodies such as Public Health England (PHE).

The practice had processes for recording and reporting any accidents and incidents.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

Domiciliary visits were carried out by the practice; staff did not ensure they had access to medical emergency drugs and equipment whilst undertaking these visits.

Are services effective?

No action

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff treated patients with care, provided options for informed consent and made referrals to other services in an appropriate and recognised manner.

Summary of findings

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

Are services caring?

No action

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 25 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

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

Patients had access to telephone interpreter services when required and the practice could accommodate wheelchair users or people with push chairs in their ground floor surgery. The practice had reviewed the other requirements of the Equality Act 2010 by undertaking a disability access audit for the premises.

Are services well-led?

No action

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

The registered provider and practice manager were on-site every day. There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The registered provider kept all staff recruitment files. We found they did not have a training matrix or log to actively monitor the training needs of all of their staff.

Staff were encouraged to provide feedback on a regular basis through informal discussions; there were no formal surveys or questionnaires.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice. Audits were carried out to help improve the service. We found the practice had not documented learning points or analysis of their audits.

North Road Dental Surgery

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 took place on 22 December 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the registered provider, an associate dentist, the practice manager and two dental nurses/receptionists.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). The practice manager told us one accident occurred within the last twelve months and we saw this was recorded with sufficient detail.

The registered provider and practice manager told us they did not receive any alerts from the Central Alerting System (CAS) or the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Reliable safety systems and processes (including safeguarding)

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment and disposable needles and syringes were implemented for use in each surgery.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff were knowledgeable of their local policy on occupational health assistance and a practice sharps policy was available for staff to refer to.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use 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.

We reviewed the practice's policy for adult and child safeguarding; this contained contact details of their local child protection and adult safeguarding teams. Staff were able to advise us of their practice protocol and response to any safeguarding issues should they arise.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (expiry February 2017).

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 the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Emergency medicines and equipment were not fully in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We saw the practice did not have sufficient quantities of Midazolam (used in epileptic emergencies), Adrenaline (used in life-threatening allergic reactions) and certain items of emergency equipment were not available: self-inflating bag for children, various masks to attach to the bag and an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The Resuscitation Council UK guidance suggests a defibrillator should be placed on a patient within three minutes of collapse. If a practice does not have their own defibrillator, it is important to have arrangements to access one in an emergency. The registered provider explained they did not have such an arrangement.

We saw the practice was storing their Glucagon (used for diabetic emergencies) in the medical emergencies box and had not reduced the expiry date as recommended by the manufacturer's guidance. The registered provider ordered all medicines and equipment (including an AED) on the inspection day and we received evidence of this shortly after the inspection.

Are services safe?

We found the practice stored their medical emergency drugs and equipment on an open-shelf within the reception. Prescription pads were stored within treatment rooms. We advised the registered provider to reconsider the security and /or location of these. There were no systems in place to monitor and track the use of prescriptions.

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder and emergency drugs were checked weekly.

Staff recruitment

We reviewed the staff recruitment files for five members of staff to check that appropriate recruitment procedures were in place. We found all staff files held the required recruitment documents including GDC registration certificates, indemnity proof documents, qualifications, immunisation status, where appropriate a Disclosure and Barring Service (DBS) check, evidence of induction processes, references and staff appraisals. New employees were provided with their own copies of policies to ensure they were familiar with the practice protocols and procedures.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We found the practice had not undertaken a risk assessment for all materials present, as required by the Health and Safety Executive. We were assured this would be addressed immediately and each substance would be risk assessed and recorded.

We reviewed the practice risk assessment, sharps risk assessment and fire risk assessment. These were specific to the dental practice and were appropriately dated and reviewed.

We saw the practice had fire exit signs, fire alarms and extinguishers. We found there was no emergency lighting on the premises to show where evacuation points were. We advised the registered provider of the importance of this as per the Regulatory Reform (Fire Safety) Order 2005. They assured us they would arrange for emergency lighting to be installed in line with their fire risk assessment.

We saw annual maintenance certificates of firefighting equipment including the current certificate from April 2016. Annual fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with one dental nurse about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifier, sterilising and storage was clearly described and shown. We were told daily and weekly tests were being carried out by the dental nurses to ensure the ultrasonic cleaner (used to clean instruments prior to sterilisation) and sterilisers were in working order. We saw these checks were documented. The registered provider told us the ultrasonic cleaner had not been serviced since 2014; we discussed the importance of this and they ensured us they would have the machine serviced as soon as possible.

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

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines.

A Legionella risk assessment had been carried out in October 2016. This revealed the practice had a low risk of Legionella bacteria growth. We saw the recommended monthly and yearly water temperature checks were

implemented and recorded. The practice sent quarterly water samples to be checked; the most recent results showed those water samples were clear of any harmful bacteria.

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

The practice staff carried out daily environmental cleaning. We observed the practice used different coloured cleaning equipment to follow HTM0105 guidance.

Equipment and medicines

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

We saw evidence of servicing certificates for the sterilisation autoclave equipment, X-ray machines and compressor and Portable Appliance Testing (PAT) in 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). The practice also carried out visual checks of all appliances every six months and we saw logs to confirm this.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice maintained a thorough radiation protection file with various documents including the local rules, names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification and quality assurance grading results. There was no documented analysis of these results and a full audit cycle was not apparent.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Reporting, learning and improvement from incidents

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Are services safe?

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We spoke with one dental nurse about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifier, sterilising and storage was clearly described and shown. We were told daily and weekly tests were being carried out by the dental nurses to ensure the ultrasonic cleaner (used to clean instruments prior to sterilisation) and sterilisers were in working order. We saw these checks were documented. The registered provider told us the ultrasonic cleaner had not been serviced since 2014; we discussed the importance of this and they ensured us they would have the machine serviced as soon as possible.

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

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines.

A Legionella risk assessment had been carried out in October 2016. This revealed the practice had a low risk of Legionella bacteria growth. We saw the recommended monthly and yearly water temperature checks were implemented and recorded. The practice sent quarterly water samples to be checked; the most recent results showed those water samples were clear of any harmful bacteria.

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

Are services safe?

The practice staff carried out daily environmental cleaning. We observed the practice used different coloured cleaning equipment to follow HTM0105 guidance.

Equipment and medicines

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

We saw evidence of servicing certificates for the sterilisation autoclave equipment, X-ray machines and compressor and Portable Appliance Testing (PAT) in 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). The practice also carried out visual checks of all appliances every six months and we saw logs to confirm this.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice maintained a thorough radiation protection file with various documents including the local rules, names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification and quality assurance grading results. There was no documented analysis of these results and a full audit cycle was not apparent.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and best practice procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any treatment required.

The dentist advised us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

The dentist we spoke with used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

Staff were fully aware as to whom the dedicated leads for infection prevention and control, safeguarding adults and children and complaints were.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported in their continuous professional development (CPD) and we saw evidence of this in some staff files. CPD documents that were not available on the inspection day were sent to us the following day. The registered provider told us they did not have systems in place, for example a training matrix or log, to monitor the training needs all of the staff within the practice.

Working with other services

The dentist we spoke with confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. They stated referral letters would contain all the relevant information including patient identification, medical history, reason for referral and x-rays if relevant. We also saw the practice's referral policy contained clear guidance on what details to include in a referral, when to refer and to whom.

The practice ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' record.

The dentist we spoke with was clear on the principles of the Mental Capacity Act 2005 (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff

Are services effective?

(for example, treatment is effective)

described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 25 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to another surgery or staff kitchen to talk with a staff member.

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

Dental care records were stored electronically and in paper form. Paper record cards were kept in securely in locked cabinets inside the storage room. Computers were password protected, backed up and passwords changed regularly in accordance with the Data Protection Act.

Staff were confident in data protection and confidentiality principles. The practice had not undertaken training in Information Governance (IG) through the online NHS IG Training Toolkit. It is a requirement for all NHS dental practices to complete this training so that organisations can assess themselves against Information Governance policies and standards.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting best practice guidelines.

We looked at dental care records with the dentist and found they followed the guidelines by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including practice leaflets, the practice opening hours, emergency 'out of hours' contact details and treatment costs. Information leaflets on oral health were also available.

The practice had dedicated appointments each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

In accordance with the Equality Act 2010, the practice had fully assessed the barriers which may prevent some people from using their services by undertaking a disability access audit for the premises (March 2016). The practice had made reasonable adjustments to prevent inequity for disadvantaged groups. Staff had access to a translation service where required, a portable ramp was available, the downstairs surgery could accommodate wheelchairs or pushchairs and there were handrails of differing heights on both sides of the staircase. The practice did not have a downstairs toilet; patients who could be affected by this were informed prior to their appointment.

Access to the service

The practice's opening hours were displayed in the premises and in the practice information leaflet. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. We saw the policy was not clearly displayed for patients as recommended by the GDC and we made the registered provider aware of this.

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

Staff told us they raised any patient comments or concerns with the registered provider immediately to ensure responses were made in a timely manner.

The practice received no complaints in the last twelve months.

Are services well-led?

Our findings

Governance arrangements

The registered provider demonstrated their system of policies, procedures and certificates. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing, recruitment and maintenance.

We noted policies and procedures were kept under regular review to support the safe running of the service.

There were regular checks of clinical and administration work or systems for identifying where quality or safety was being affected.

We viewed the practice risk assessment, fire risk assessment and legionella risk assessment which were all reviewed regularly. We saw the COSHH file did not contain risk assessments of every material within the dental practice and advised the registered provider of this.

Leadership, openness and transparency

The overall leadership was provided by the registered provider. A practice manager was supporting them in this role.

Staff told us they were clearly aware of whom the dedicated leads in infection prevention and control, complaints and safeguarding within the practice were.

Staff were aware of the Duty of Candour and the need to be open with and apologise to patients if there have been mistakes in their care that have led to significant harm.

Learning and improvement

We saw the practice carried out audits in radiography, infection prevention and control and patient feedback. An audit is anobjective assessment of an activity designed to improve an individual or organisation's operations. We found there was no documented analysis or action plan, where appropriate, of any audit results; there was no evidence of completion of an audit cycle.

Improvement in staff performance was monitored by the practice; personal development plans or appraisals were performed within the practice. There was no staff training matrix or log for to actively monitor the staff's performance. We noted the practice had not undertaken any training in information governance.

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 people using the service. Patients were encouraged to provide feedback on a regular basis verbally however there was no documentation of this. Patients were also encouraged to use the suggestion boxes in the waiting rooms and to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided.

Staff were encouraged to provide feedback on a regular basis through informal discussions.

We were advised that the practice did not have a staff satisfaction survey which would enable regular review of their opinions and suggestions.