

Dr. Peter Thorpe

Ashgate Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 July 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

The practice is located in premises close to Chesterfield town centre. The practice provides mostly NHS dental treatments. There is a small car park to the rear of the practice for patients use. There are four treatment rooms of which one is located on the ground floor.

The practice was first registered with the Care Quality Commission (CQC) in April 2011. The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are: Monday to Thursday: 9 am to 1 pm and 2pm to 5:30 pm; Friday: 8:30 am to 12:30 pm and 1 om to 3:30 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has three dentists; two dental hygienists; two dental therapist; three qualified dental nurses; three trainee dental nurses and a practice manager.

Summary of findings

We received positive feedback from 22 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

Our key findings were:

- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.
- The practice was visibly clean and tidy.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Dentists identified the different treatment options, and discussed these with patients.
- Patients' confidentiality was maintained.
- Patients said they had no difficulty getting an appointment that suited their needs.
- Patients we spoke with at the practice, and through CQC comment cards provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- The practice was well equipped and provided a relaxed atmosphere for patients.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

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

- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. Particularly dating policies, procedures and risk assessments and identifying when those documents are to be reviewed.

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 was visibly clean and spacious.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

The practice was following the relevant National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice had systems in place for making referrals to other dental professional when it was clinically necessary.

No action



Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Feedback from patients identified staff were welcoming, polite and professional. Patients said they were treated with dignity and respect.

No action



Summary of findings

There were systems for patients to be able to express their views and opinions.

Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice was located on the ground floor. There was good access for patients with restricted mobility, including level access throughout the practice. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the waiting room, and the practice leaflet.

There were systems and processes to support patients to make formal complaints.

No action



Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities and knew who to speak with if they had any concerns.

The practice had a robust system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

Staff said the practice was a friendly place to work, and they could speak with a senior colleague if they had any concerns.

No action



Ashgate Dental Practice

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 18 July 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with seven members of staff during the inspection.

We also reviewed the information we held about the practice and found there were no areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 22 patients about the dental service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in July 2016 this being a minor injury to a member of staff. The records showed appropriate action had been taken.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive. Staff said there had been no RIDDOR notifications made although they were aware how to make these on-line.

Records at the practice showed there had been no significant events during 2016. There was guidance available for staff regarding the recording and analysis of significant events.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received by the practice manager and the principal dentist, analysed and shared with staff as appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children. The policy had been reviewed in May 2016. In addition the practice had a copy of the Derbyshire multi-agency safeguarding guidance. The policy identified how to respond to and escalate any safeguarding concerns. This included the relevant contact telephone numbers. Safeguarding information was on display in the staff areas of the practice. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary.

The practice manager was the identified lead for safeguarding in the practice. They had received enhanced

training in child protection to support them in fulfilling that role. We saw their training certificate dated 15 December 2015. We saw evidence that all staff had completed a two hour safeguarding course in December 2015.

The practice had information to guide staff in the use and handling of chemicals in the practice. The risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002 had been identified. The practice manager identified the COSHH file was under review and information was being updated. This was because information available did not fully identify the steps to take to reduce the risks including the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were not available for all products. However, we were assured that arrangements were in place to obtain them.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 22 December 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentists handled sharp instruments.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the location of sharps bins followed the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children.

The dentist 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 (treatment involving the root canal of the tooth) 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.

Are services safe?

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date.

There was one first aid box in the practice and we saw evidence the contents were being checked regularly. One member of staff had completed a first aid at work course. We saw a training certificate which showed the training had been completed on 30 October 2014. This training was valid until 29 October 2017.

There was an automated external defibrillator (AED) held in the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

Staff at the practice had completed basic life support and resuscitation training on 12 July 2016 and we saw the training certificates to confirm this.

Additional emergency equipment available at the practice included: airways to support breathing, masks for adults and children, manual resuscitation equipment (a bag valve mask) and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

Staff recruitment

We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not

needed). 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 found that most members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager. The practice manager said this would be addressed and the Care Quality Commission (CQC) would be informed when this had been completed.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in April 2016. As part of this policy environmental risk assessments had been completed. For example there were risk assessments related to infection control, the use of electricity and manual handling.

Records showed that fire extinguishers had been serviced in February 2016. A new fire detection system had been installed throughout the premises in April 2016. This was to replace the previous system which was several years old. Records showed the practice had a fire drill for all staff on 17 June 2016.

The practice had a health and safety law poster on display in the staff room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

There was a business continuity plan which had been updated in June 2016. This had identified the risks to the service such as loss of power, fire or flood and identified the steps to be taken to ensure the service continued.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy. A copy of the policy was available to staff in the clinical areas of the

Are services safe?

practice. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last audit was completed on 3 June 2016 and scored 94%. An action plan to address the identified areas for improvement had been developed with timescales for completion.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The practice had a contract for the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had spillage kits for mercury and bodily fluids which were within their use by dates.

There was a decontamination room where dental instruments were cleaned and sterilised. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. Staff demonstrated an awareness of latex allergy and the practice was latex free.

We saw that instruments were being cleaned and sterilised at the practice. A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice was using manual cleaning to remove debris from dental instruments. We saw the temperature of the water used during the process was being monitored as identified in the guidance. After cleaning instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's two autoclaves (devices for sterilising dental and medical instruments). The practice had two steam autoclaves, which were designed to sterilise unwrapped or solid instruments. One machine was faulty and arrangements had been made to replace this machine. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and

serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a copy of the Health and Safety Executive guidance on dealing with blood borne viruses. There were records to demonstrate that staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in October 2015 and was due for renewal in November 2017. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice and was due to be repeated in October 2016. The practice also had an annual landlord gas safety certificate which had been completed in September 2015. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in July 2016. Autoclaves were checked three monthly by a specialist company.

The practice had all of the medicines needed for an emergency situation, as recommended in the British National Formulary (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

Are services safe?

The practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth).

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

Records showed the X-ray equipment had last been inspected in October 2014. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. We saw evidence this had been completed.

The practice had introduced a digital X-ray system in early 2016, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. However, some radiographs from one practitioner showed that the image was incorrectly orientated which could potentially lead to incorrect treatment being provided. An X-ray audit demonstrated that improvement in the quality of the radiographs was needed. Practitioners were aware of this and the necessary changes were being implemented and a re-audit was planned for later in the year.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form, or updated their details. The patient signed the medical history form to confirm their medical details. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. 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.

We saw dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had one waiting room. The waiting room had posters and leaflets relating to good oral health and hygiene. There were leaflets available about common treatments and conditions relating to the mouth.

Children seen at the practice were offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients'

oral and general health. Discussions with dentists showed they had a good knowledge and understanding 'delivering better oral health' toolkit. A copy of this document was located in the staff room.

We saw detailed examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, dentists had particularly highlighted the risk of dental disease and oral cancer.

Staffing

The practice had three dentists; two dental hygienists; two dental therapist; three qualified dental nurses; three trainee dental nurses and a practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending.

We looked at staff training records for six staff members and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding. Two members of staff had been audited by the GDC following their five year cycle. The audit for both members of staff was deemed satisfactory.

Records at the practice showed that all staff received an annual appraisal. As part of the appraisal process staff identified their training needs as part of their development plan for the coming year. We also saw evidence of new members of staff having an induction programme.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to a local orthodontic practice if the patient required specialist orthodontic treatment.

Are services effective?

(for example, treatment is effective)

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere. This was usually to a local dentist who did offer sedation services which allowed patients to still be seen and treated in the local area.

The practice was able to demonstrate that referral letters had been sent and replies had been received. Documentation showed that the referral system was working well. We saw specific forms were available for recording and making urgent referrals where there was suspected oral cancer.

Consent to care and treatment

The practice had information about the Mental Capacity Act 2005 (MCA). The documentation explored making best interest decisions as identified in the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. Dentists were able to give examples of patients where capacity was an issue and could describe how this was managed.

Consent was recorded in the patients' dental care records. The dentists discussed the treatment plan, and explained the process, which allowed the patient to give their informed consent.

We saw how consent was recorded in the patients' dental care records. Dentists had discussed the treatment plan with the patients, which then allowed patients to give their informed consent. Dentists used NHS consent form to record consent. A copy was given to the patient and this included a copy of the treatment plan.

We talked with dentists about consent for children aged under 18 years. This identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff speaking with patients throughout the inspection. We saw that staff were polite, welcoming and professional. We saw that patients were treated with dignity and respect.

The reception desk was located within the waiting room. We asked reception staff how patient confidentiality was maintained. Staff said if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen, such as the hall way or an unused treatment room. Staff said that details of patients' individual treatment were not discussed at the reception desk.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. In addition patients' dental care records were password protected and held securely.

Involvement in decisions about care and treatment

We received positive feedback from 22 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by talking with patients in the practice.

The practice offered mostly NHS treatments and the costs were clearly displayed in the practice waiting room.

We spoke with two dentists about how each patient had their diagnosis and dental treatment discussed with them. The dentists demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

Where necessary dentists gave patients information about preventing dental decay and gum disease. Dentists had highlighted the particular risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. There were posters in the practice explaining the NICE guidelines in respect of recalls for appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in premises close to the centre of Chesterfield in north Derbyshire. There was a small car park at the rear of the practice or roadside parking was available in the local area. There was one ground floor treatment room.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this the practice made specific appointment slots available for patients who were in pain. Patients told us this system worked and they had been seen within 24 hours when in need of emergency treatment.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

Tackling inequity and promoting equality

There was an equal opportunities policy which identified the practice stance on non-discriminatory behaviour within the dental practice.

The practice was situated over two floors, with one ground floor treatment room. This allowed patients who used a wheelchair or with restricted mobility easy access treatment at the practice. The ground floor treatment room was large enough for patients to manoeuvre a wheelchair.

The practice had two toilets for patient use, one on each floor. The ground floor toilet was not adapted for the use of patients with mobility problems. This was because of the limitations imposed by the building. It was clear that

overcoming those limitations would be difficult to achieve. There was ramped access to the front door to assist patients with restricted mobility, using a wheelchair or with a pushchair.

The practice had not completed a formal access audit in line with the Equality Act (2010). There were particular issues with regard to access which were imposed by the limitations of the building. The practice did not have a portable hearing induction loop in reception to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

During the inspection we saw two different patients with specific needs. We saw both patients were treated with respect and dignity and staff made efforts to meet their individual needs and offer reassurance and support.

Access to the service

The practice's opening hours were: Monday to Thursday: 9 am to 1 pm and 2pm to 5:30 pm; Friday: 8:30 am to 12:30 pm and 1 om to 3:30 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number.

The practice operated a text message reminder service with patients receiving a text, a letter or e mail reminder depending on their preference.

Concerns & complaints

The practice had a complaints procedure which explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was displayed in the waiting room for patients.

From information received before the inspection we saw that there had been no formal complaints received in the 12 months prior to our inspection.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice. Discussion with the practice manager identified that policies had been reviewed and where relevant updated within the twelve months before the inspection. However, the policies were not always dated and review dates had not always been identified.

We spoke with staff who said if they had any concerns there were identified staff with whom they could discuss their concerns. This included access to clinical staff if their concerns related to clinical practice. We spoke with two members of staff who said they liked working at the practice and there was a good staff team.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

There was a practice manager in post who had a dental nursing qualifications and many years' experience.

We saw that staff meetings were held on an occasional basis. Staff said that if a particular issue arose then a staff meeting would be held and this would be addressed.

Observations demonstrated there was a professional and welcoming attitude towards patients from staff throughout the practice. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in April 2015. The whistleblowing policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. A copy of the policy was available on any computer in the practice. A hard copy was available in the office and on the staff room notice board.

Learning and improvement

The practice completed a schedule of audits throughout the year. This was for clinical and non-clinical areas of the

practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: A radiograph (X-ray) audit was completed in February 2016. This audit highlighted some issues which were being addressed. A second audit was scheduled for August 2016 to determine if the issues had been addressed and improvements made. A medical history audit and an audit of dental care records.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

The practice had introduced a policy for duty of candour. This identified the need for openness and honesty when dealing with patients' complaints and concerns. The policy directed staff to give apologies and an explanation to patients when things had gone wrong.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England.

The NHS Choices website: www.nhs.uk had five patient reviews in the year up to this inspection and 19 in total. These were a mixture of positive and negative comments. The provider had responded to most of the patient reviews and offered the opportunity for further discussion. We noted that information on the NHS Choices website had not been updated since November 2010.

The practice had completed its own patient satisfaction survey in the past. However, since the introduction of FFT this had not been used. We saw that there was detailed analysis of previous surveys which identified shared learning among the staff.