IDH Limited

Mydentist - The Churchyard - Mildenhall

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 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

Mydentist Mildenhall is a mixed dental practice providing mainly NHS and some private treatment for both adults and children. The practice has three dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. Dental care is provided on the first floor of the building with a reception and waiting area.

The practice is open from 8:30am to 5:30pm Monday to Friday and one Saturday per month from 8.00am to 2.00pm.The practice has three dentists who are supported by seven dental nurses and a receptionist. The practice also has a dental hygienist who works two to four Fridays a month.

The practice manager is currently applying to become the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission (CQC) comment cards to the practice for patients to complete to tell us about their experience of the practice.

Summary of findings

We received overwhelmingly positive comments about the practice's staff and the quality of dental treatment provided. However some patients commented on the length of time it could take to get a routine appointment.

Our key findings were:

- The practice ethos was to provide patient centred care.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice manager was the dedicated safeguarding lead with effective safeguarding processes in place for safeguarding adults and children living in vulnerable circumstances.
- The service was aware of the needs of the local population and took those these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had enough staff to deliver the service.
- Staff had received training appropriate to their roles and were supported in their continued professional development.
- Staff we spoke to felt well supported by the practice manager and the company as a whole and were committed to providing a quality service to their patients.
- Information from 45 completed Care Quality Commission (CQC) comment cards gave us a completely positive picture of a friendly, caring and professional service.
- The practice had a rolling programme of clinical and non-clinical audit in place.

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

- Consider providing the hygienist with the support of an appropriately trained member of the dental team.
- Review their responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 with respect to patients who may be hard of hearing by providing a hearing loop.
- Make sure that necessary employment checks are in place for all staff in respect of persons employed by the practice, specifically the taking up of references prior to employment.

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.

The practice had robust arrangements in place for infection control, clinical waste, the management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

Are services caring?

No action

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

We collected 45 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness, professionalism and helpfulness of the staff. Three patients told us that staff worked well with their children and four reported that their phobia of the dentists had been overcome.

Are services responsive to people's needs?

No action

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

Appointments were easy to book and the practice offered extended opening hours to meet the needs of those who worked full-time. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly if needed. The practice had made some adjustments to accommodate patients with a disability; however its premises were not wheelchair accessible.

There was a clear complaints' system and the practice responded appropriately to issues raised by patients.

Summary of findings

Are services well-led?

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

Effective leadership was provided by an empowered practice manager. The practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had robust clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that the practice was a good place to work.

No action

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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.

The inspection was carried out on 5 July 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members and proof of registration with their professional bodies.

During the inspection, we spoke with the practice manager, dentists, lead dental nurse, reception staff and reviewed policies, procedures and other documents. We reviewed 45 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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 an adverse incident reporting policy and standard reporting forms for staff to complete when something went wrong. The policy contained clear information to support staff to understand the wide range of topics that could be considered to be an adverse incident. The practice also had an appropriate accident record book which was used correctly to protect the privacy of individuals filling in the forms. We saw evidence of three accidents that had occurred in the practice during 2015 and two in 2016. We found that the accident reporting forms had been completed and the incidents had been referred to the head office in line with company policy. This enabled the company to analyse the incidents and share any learning with the rest of the practices in the group through the company newsletter known as the 'buzz'. The practice received national patient safety alerts from company head office in the form of a regular bulletin that described the learning points arising from these alerts.

Reliable safety systems and processes (including safeguarding)

We spoke to staff about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. A single use system was used to deliver local anaesthetics to patients. The lead dental nurse was also able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the dentists treated the use of instruments during root canal treatment. The dentists we spoke with explained that these instruments were single use only. They explained that root canal treatment was carried out where practically possible using a rubber dam. Each treatment room had its own rubber dam kit. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The practice had a nominated individual, the practice manager, who acted as the practice safeguarding lead. The practice manager acted as a point of referral should members of staff encounter a child or adult safeguarding issue. Training records showed that all staff had received safeguarding training for both vulnerable adults and children within the past 12 months and the practice manager was about to undertake additional training for her role as lead.

Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect, and understood the importance of safeguarding issues. One member of staff showed a good knowledge of domestic violence, and described to us how she had supported a patient experiencing this. Contact details of relevant agencies involved in protecting vulnerable people were available in the staff room, making them easily accessible to staff.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff received annual training in how to use this. The practice had emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had oxygen cylinders along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen were all in date and stored in central locations known to all staff.

The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet that enabled the staff to replace out of date medicines and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis. We found that all staff had received regular annual update training.

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As part of maintaining competency, we saw records that showed the practice undertook simulated medical emergency scenario training every three months to underpin their update training.

Staff recruitment

The dentists, dental hygienist and qualified dental nurses who worked at the practice had current registration with the General Dental Council, the dental registrant's regulatory body.The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work.For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references. We looked at examples of staff recruitment files; these were generally well maintained and complete. Although we did note that in one instance references had not been taken up. Staff recruitment records were stored securely. We saw that all staff had received a criminal records checkthrough the Disclosure and Baring Service (DBS).

Notes from interviews were kept and detailed job descriptions were available for all roles within the practice. New dentists to the practice were interviewed by the clinical support manager or clinical director, followed by an additional interview by the practice manager. All staff received a full induction to their role and their performance was reviewed after the first week, the second week and then monthly. Dentists undertook a three day induction at the provider's national academy.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. We saw a very detailed medical emergency policy and procedure document that set out how staff should deal with medical emergency scenarios that could be encountered in a high street dental setting. Two staff had undertaken First Aid training.

The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included radiation, fire safety, health and safety and water quality risk assessments. The practice had a detailed business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of emergency equipment, the name of fist aiders, and X-ray warning signs to ensure that patients and staff were protected. The practice had appointed two fire marshals and carried out regular fire evacuations.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager had delegated the responsibility for infection control procedures to the practices' lead dental nurse. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. It was observed that an audit of infection control processes carried out in June 2016 confirmed compliance with HTM 01 05 guidelines.

It was noted that the three dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including wall mounted liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We noted good infection control procedures during the patient consultation we observed. Staff uniforms were clean, long hair was tied back and their arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurse wore appropriate personal protective equipment including gloves and eye protection. Hand hygiene was good and we noted that the dental nurse changed her gloves three times throughout the consolation to reduce the risk of cross contamination.

The drawers of two treatment rooms were inspected and we found these to be well-stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

Are services safe?

We asked staff to describe to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental 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). They described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in 2016. The recommended procedures contained in the report were carried out and logged appropriately. This included regular testing of the water temperatures of the various taps in the building. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument processing. This room was organised, clean, tidy and clutter free. Dedicated hand washing facilities were available in this room. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing followed by ultrasonic cleaning bath for the initial cleaning process, following inspection they were placed in an autoclave (a device used to sterilise medical and dental instruments). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The dental nurse also demonstrated that systems were in place to ensure that the autoclaves and ultrasonic cleaning bath used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were always complete and up to date. Essential checks for the ultrasonic cleaning bath were also carried out and were available for inspection, including weekly protein residue and soil tests.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice with waste stored in a locked clinical waste bin adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients could be assured that they were protected from the risk of infection from contaminated dental waste. General environmental cleaning was carried out in accordance with national guidance.

All dental staff had been immunised against Hepatitis B.

Equipment and medicines

The condition of all equipment was assessed each day by staff as part of the daily surgery checklist to ensure it was fit for purpose. Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the two autoclaves had been serviced and calibrated in February 2016. The practice's three X-ray machines had been serviced and calibrated in April 2016. Portable appliance testing had been carried out in February 2016.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients. NHS prescription pads were stored in a safe overnight to prevent theft. The pads were also logged in and out each day to prevent to prevent loss. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned.

We checked a number of medical consumables held in the stock cupboard and found they were in date for safe use.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor the Radiation Protection Supervisor and

Are services safe?

the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location, each individual dentist acted as the Radiation Protection Supervisor for their dental treatment room. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

A copy of the radiological audits for each dentist carried out in June 2016 demonstrated that a very high percentage of radiographs were of a high standard of quality in terms of positioning and processing. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke to two dentists who described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We viewed evidence of this during the patient consultation we observed, and noted the dentist spent time discussing the patient's medical history and also the current medication they were taking.

We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

The dental care records we saw were comprehensive, detailed and well maintained. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

A number of oral health care products were available for sale to patients in reception including dental floss, interdental brushes, disclosing tablets and toothbrushes. Free samples of toothpaste were also available.

The waiting room and reception area at the practice contained leaflets that explained the services offered at the practice. This included information about how to carry out effective dental hygiene and how to reduce the risk of poor dental health. The company web site also provided information and advice to patients on how to maintain healthy teeth and gums. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. All the dentists we spoke with explained that children at high risk of tooth decay were identified and offered fluoride varnish applications to keep their teeth in a healthy condition. They also placed special plastic coatings on the biting surfaces of adult back teeth in children who were particularly vulnerable to dental decay. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients.

The lead dental nurse told us that each year she visited a local nursery and primary school to deliver oral health care sessions to the children there.

Staffing

The practice has three dentists who were supported by seven dental nurses and a receptionist. The practice also has a dental hygienist who worked two to four times a month. AT the time of our inspection there was a vacancy for one dentist, but a new dentist had already been recruited to the post and was due to start in September 2016. The practice had access to staff working in other Mydentist services nearby if needed to cover unexpected staff shortages. Staff reported that there were enough of them to maintain the smooth running of the practice and a dental nurse always worked with each dentist and the hygienist. However the hygienist worked alone, without the assistance of a dental nurse.

Are services effective?

(for example, treatment is effective)

The staff appeared to be a very effective and cohesive team; they told us they felt supported by the practice manager and the company in general. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice manager showed us their system for recording training that staff had completed. These contained details of continuing professional development, confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. The practice had appropriate Employer's Liability in place.

Working with other services

The dentists explained how they would work with other services. If possible patients were referred to other practices within the group for specialised care if this was within easy travelling distance for the patient. They were also able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time.

A log of the referrals was kept in each treatment room so they could be tracked and followed up if necessary, although patients were not offered a copy for their information.

Consent to care and treatment

We spoke to two dentists on duty on the day of our visit; they both had a clear understanding of consent issues. They explained how individual treatment options, and their risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Dental care records we saw showed that this was the case. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dentists we spoke with explained how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. They explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards to the practice for patients to use to tell us about their experience of the service. We collected 45 completed cards and received many positive comments about the caring and empathetic nature of the practice's staff. Patients told us that staff reassured them when nervous and also created a friendly and welcoming atmosphere for their children.

During the inspection, we spent time in the busy reception area. We observed that staff were polite, professional and helpful towards patients, both on the phone and face to face. We noted that reception staff worked well with a small child and offered them paper and colouring in pens to keep them busy while they waited. We noted another member of staff skilfully help one patient with limited mobility. The lead dental nurse told us that a dentist and a nurse regularly visited a local care home to provide check-ups for residents living there and that she herself had driven a patient to a laboratory so she could get their dentures fitted.

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal cabinets. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Staff received training in information governance and handling confidential information so that patients' details were kept in line with guidance.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible management options and indicative costs. A poster detailing NHS and private treatment costs was displayed on the practice notice board in the waiting area. The practice website also gave details of the cost of treatment and entitlements under NHS regulations. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Dental care records we saw showed this information was recorded on the standard NHS treatment planning forms for dentistry.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the patient notice board displayed a variety of information including that explained opening hours, emergency 'out of hours' contact details and arrangements. The company web site also contained useful information to patients such as how to book appointments on-line and how to provide feedback on the services provided. There was also information on how to maintain healthy teeth and gums. This ensured that patients had access to appropriate information in relation to their care. We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment.

Patients we spoke with were satisfied with the appointments system and told us that getting through on the phone was easy. Emergency slots were available throughout the day to accommodate patients who needed an urgent appointment, and the practice also operated a 'sit and wait' service once these appointments had been booked.

The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The premises were not accessible to wheelchair users, but patients could be referred to another of the provider's practices nearby. Information about the practice was not available in any other languages, or formats such as braille or audio, although medical history forms were available in large print. There was no portable hearing loop to assist patients with hearing impairments, and the practice's stairs made it inaccessible to people with restricted mobility

The practice had an equality and diversity policy and provided training for the staff team about this. Information was readily available about the Equality Act 2010 and supporting national guidance. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment.

Access to the service

The practice was open from 8:30am to 5:30pm Monday to Friday and one Saturday per month from 8.00am to 2.00pm. The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the practice information leaflet, practice website and on the telephone answering machine when the practice was closed. Most patients told us it was easy to get an appointment at a time which suited them, but three commented that they had to sometimes wait a number of weeks to get a routine appointment.

Concerns & complaints

The practice had a complaints process and the practice manager had detailed guidance available about effective complaints handling. The practice had a complaints log that the practice manager had to send to the company head office every month so that the organisation could monitor the number of complaints and the reasons for these. The practice had a relatively low level of complaints that reflected the caring and compassionate ethos of the whole practice.

We looked at two recent complaints received by the practice and found they had been dealt with openly and appropriately by the practice manager. There was a clear record of every contact that had been made between practice staff and the complainant.

Complaints were also regularly discussed at the practice's monthly staff meetings to ensure that any learning or improvements arising from them were shared.

Are services well-led?

Our findings

Governance arrangements

The provider had in place a comprehensive system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. We saw that these policies and risk management procedures including COSHH, fire and Legionella were well maintained and up to date. We saw examples of monthly staff meeting minutes which provided evidence that training took place and that information was shared with practice staff. The meetings were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients. This included patient feedback, health and safety, infection control, audit reports and company updates.

The practice manager was responsible for the day-to-day running of the practice and was on site about two days a week. We received positive comments about her leadership and staff told us they had welcomed the many changes she had introduced since starting at the practice a few months prior to our inspection.

The corporate provider had in place a system of area and regional managers who provided support and leadership to the practice manager. There was a clinical support manager who was a dentist who provided clinical advice and support to the practice manager other dentists and dental nurses working in the practice. The clinical support manager had appropriate support from a system of clinical directors within the company.

The company used a system known as 'My Reports' which detailed the performance of the dentist against the NHS commissioner's criteria for quality performance for dentistry in the NHS known as the vital signs report. These were freely available on the company intranet to each dentist at the practice. Dentists were able to analyse their own performance as well as being able to obtain support and guidance from the clinical support manager where there were particular difficulties.

The practice manager received a fortnightly bulletin from the provider's central operations team outlining any actions she had to take in response to policy updates, operational changes, and health and safety requirements

Each year the practice completed a governance tool kit to ensure they were meeting their legal responsibilities in relation to handling patient information.

Learning and improvement

We saw evidence of systems to identify staff learning needs, this was underpinned by an appraisal system and a programme of clinical audit. Staff received a yearly appraisal of their performance, in which they were set specific objectives which were then reviewed after six months. These appraisals were comprehensive and covered where they were performing well, areas for their improvement and what support they needed. The dentists received monthly one to one performance reviews with the practice manager.

The practice undertook regular audits of its record keeping, infection control procedures, personnel antimicrobial prescribing levels and quality of its radiographs to ensure good standards were maintained and to identify any shortfalls. These audits were used by the company to identify additional training or clinical supervision needs and improve confidence and competence in particular clinical techniques where appropriate.

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

The practice had gathered feedback from patients through the NHS Friends and Family test, NHS Choices, and the Mydentist compliments and complaints system. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area and on the website. The company used an on-line system for capturing patient satisfaction as well as paper questionnaires.

Staff told us that the practice manager was very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had monthly meetings; the minutes of these were made available if they could not attend. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to. A companywide staff survey was undertaken in April 2016, and the practice manager told us she was awaiting the results which would be used to implement improvements.