

Spire Dental Limited

Spire Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 February 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

Spire Dental provides private dental treatment to approximately 700 patients. The practice has recently started to provide conscious sedation. The practice opened in 2013 and has been building up its patients since opening. The practice is on the main street that runs through the village of Long Sutton in Lincolnshire. The practice is converted from a car showroom. The practice has a large and spacious reception area with sofas throughout the waiting area however there were no hard back chairs that may be more suitable for people with mobility issues. There is a separate room used for the pre consultation with the dental nurse which also contains two sofas and fresh flowers and magazines. The practice has been tastefully decorated and thought has gone into making it a comfortable environment for patients. It is a modern practice which allows access all on one level. The practice consists of one treatment room, clean and dirty decontamination rooms, an office and a staff room. There is free parking available on the streets around the practice. The building is accessed from the street and once in the practice, all areas are accessible to people who use wheelchairs.

There are two part time dentists, one of which is a qualified sedationist, two dental nurses (one of whom is also the practice manager) and a receptionist.

The practice provides private dental treatment to adults and to children. The practice is open Monday and

Summary of findings

Tuesday from 8.30am to 2.30pm, Thursday 8.30am to 5.30pm (late night appointments are available to 7.30pm), Friday 8.30am to 5.15pm and 9am to 12pm alternate Saturdays. The practice is closed Wednesday and Sunday. The practice has a sister practice in Boston and patients could be seen there if they wished or if in an emergency when this practice was closed.

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

We received feedback from 25 patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy and had a relaxing atmosphere. They said that they found the staff offered a friendly, helpful and efficient service and were polite and caring. Patients said that explanations about their treatment were clear and that they were always informed of what was happening which made the dental experience as comfortable as possible. Patients who were nervous commented how they were made to feel at ease and that any questions were answered.

Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff and patients had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Conscious sedation was delivered safely in accordance with current guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Clinical audits had taken place however there was only one non clinical audit in relation to records; this was not in line with the Faculty of General Dental Practice guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice opened one late night as well as alternate Saturdays for pre booked appointments.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible. However, there were no spare pads for the automated external defibrillator and no checks had taken place on it to ensure it was in working order.
- Governance systems were effective and policies and procedures were in place.
- Staff had not received formal safeguarding training but knew the processes to follow to raise any concerns.
- A health and safety risk assessment was in place however this had not been reviewed when it was due in January 2015 to see if there had been any changes.

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

- Adopt a system to ensure validation tests on the ultrasonic cleaner are completed to ensure it is functioning appropriately.
- Review monitoring of emergency equipment to include checks on the defibrillator.
- Ensure risk assessments are reviewed regularly to highlight any changes and identify any new risks.
- Review referral process to include a tracking process of referrals made.

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents and significant events including near misses.

Staff had not received formal training in safeguarding vulnerable adults and children however the staff were able to describe the signs of abuse and were aware of the external reporting process and the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments.

Are services effective?

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

Explanations were given to patients in a way they understood including risks, benefits and options available to them. Consultations were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE).

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer. There was no tracking system for referrals made however fast track letters for suspected cancer were sent by recorded delivery to ensure that they were received.

Staff had not received formal training in the Mental Capacity Act (MCA) 2005 however they were able to explain to us how the MCA principles applied to their roles.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided wholly positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patients told us that explanations and advice relating to treatments were clearly explained to themselves and that any questions that they had were answered.

Are services responsive to people's needs?

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

The practice was modern and well equipped. The waiting room was spacious and comfortable. The practice had a reception desk that was adapted for people that used a wheelchair and the treatment room and other areas were accessible to those with limited mobility. The main door to the practice was not easily accessible for those patients that used a wheelchair however reception staff were aware of patients and their appointments and would ensure the door was opened when they saw the patient arrive.

Summary of findings

The practice opened one late night weekly and was also open alternate Saturday mornings for pre booked appointments.

Are services well-led?

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

Staff were involved in leading the practice to deliver satisfactory care. Care and treatment records had been audited to ensure standards had been maintained however more in depth audits could have been performed in relation to this.

Staff were supported to maintain their professional development and skills. Staff were receiving annual appraisals. The practice was carrying out regular audits of clinical areas to assess the safety and effectiveness of the services provided.

The practice had systems in place to involve, seek and act upon feedback from patients using the service.

Spire Dental

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 took place on 1 February 2016 and was conducted by a CQC inspector and a specialist dental advisor.

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.

Prior to the inspection we asked the practice to send us some information which 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, their qualifications and proof of registration with their professional bodies.

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

During the inspection we spoke with a number of staff working on the day. We reviewed policies, procedures and other documents. We viewed 25 Care Quality Commission (CQC) comment cards that had been completed by patients, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from incidents and complaints.

Serious incidents were reported on an incident form which would be reviewed by the practice manager. There had been no serious incidents reported at the time of our inspection but staff were able to tell us examples of what would be reported and how they would report it. The practice manager did show us an incident from 2013 relating to a supplier however this had not been identified as an incident at the time and had not been investigated as such due to insufficient information relating to it. Any lessons learned from incidents would then be disseminated at the next practice team meeting. There was an accident book where staff recorded incidents such as needle stick injuries. The last accident reported was a needle stick injury in September 2013; the correct process had been followed by the staff member involved. Staff were encouraged to bring safety issues to the attention of the management. Staff would raise concerns with the practice manager. The practice had a no blame culture and policies were in place to support this.

The practice had received one formal written complaint. The practice had a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice had information at reception and on the staff room notice board of who to contact if they had any concerns in relation to safeguarding of children or adults. From records viewed we saw that staff at the practice had not completed formal safeguarding training in safeguarding adults and children. The staff had all read the safeguarding policy each year and signed to say that they had done this and understood it. The dentist was the lead

for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. The dentist had received formal training in 2013. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy and the staff we spoke with were clear on different organisations they could raise concerns with for example, the General Dental Council, NHS England or the Care Quality Commission if they were not able to go directly to the dentist or the registered manager. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

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

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training including the use of the defibrillator (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 we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (severe allergic reaction) and cardiac arrest.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that all staff had received a Disclosure and Barring Service check.

The practice had a formal induction system for new staff which was documented within the staff files that we checked, this included the practice's policies in relation to health and safety, and infection control.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. The practice would use cover from neighbouring dental practices if necessary to cover holidays or emergencies.

Are services safe?

Monitoring health & safety and responding to risks

A health and safety policy was in place at the practice which had been read and reviewed annually and signed as understood by all staff. There was a comprehensive risk assessment log covering risks such as autoclave burns, biological agents, fire and manual handling however this had not been reviewed in January 2015 when it had been due and the risks could have changed. We spoke with the practice manager who said that they would review and update it. There were also risk assessments for trainee dental nurses, and pregnant and nursing mothers. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. Policies had not been dated nor was there a review date recorded. We saw that all policies had been read by each member of staff on an annual basis however this had not been recorded on the policy as a review. These included infection prevention and control, legionella policy and sharps policy.

Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested and we saw records that confirmed these checks were completed weekly. The practice had informal training in fire safety and this had been booked as a formal face to face training session in March 2016.

The practice did not have a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service. The practice did have all contact details for staff and for the relevant personnel for example electricians and builders displayed in the staff room. The practice manager forwarded a business continuity plan the day after the inspection.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The practice staff were responsible for cleaning the practice and for cleaning and infection control in the treatment room and there were schedules in place for what should be done and the frequency. The practice

had systems for testing and auditing the infection control procedures. The infection control audit was not available to be viewed on the inspection but was forwarded the next day and showed that they had 98% compliance.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment room and the decontamination room.

The practice had a sharps' management policy which was clearly displayed and understood by all staff. The practice used sharps' bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored in a non-public area prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had dedicated decontamination rooms with separate clean and dirty rooms that were set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. We found good access from the treatment rooms to the decontamination rooms and this ensured a hygienic environment was maintained. The decontamination rooms were clearly defined as dirty and clean rooms in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in clearly marked purpose made containers. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the

Are services safe?

manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. However the practice had not completed weekly protein or soil testing for the ultrasonic cleaner and therefore the practice manager had decommissioned this until the tests were up to date. Staff were manually scrubbing instruments in place of this which we saw demonstrated to us. Records showed that the equipment was in good working order and being effectively maintained.

Staff files reflected staff Hepatitis B status. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice did not have a current Legionella risk assessment in place however when we spoke with the practice manager this was booked and took place later that week. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

(Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The records showed the practice was flushing their water lines in the treatment rooms. Records showed waterlines were flushed for two minutes at the beginning and end of each session, and for 30 seconds between patients. This was in keeping with HTM 01-05 guidelines. These measures reduce the risk of Legionella or any other harmful bacteria from developing in the water systems.

Equipment and medicines

Records we viewed showed that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing had been booked to take place February 2016 as all appliances were new on the practice opening. Fire extinguishers had been checked and serviced by an external company in May 2015 and staff had been trained in house in the use of firefighting equipment and evacuation procedures. A formal training session in this had been arranged for all staff to take place in March 2016.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order weekly. However, the defibrillator had not been included in the checks and the practice did not hold a spare set of pads. The practice manager said that this would be incorporated into the emergency equipment checks.

Medicines used for sedation (including the reversal agent) were brought into the practice by the dentist that provided the sedation service. There were processes and protocols in place for recovery and discharge.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced, and repairs undertaken when necessary.

The dentists monitored the quality of the X-ray images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies. The patient dental care record contained all the relevant detail and followed guidance provided by the Faculty of General Dental Practice. X-rays were taken at appropriate intervals and in accordance with the patient's risk of oral disease. X-rays were justified, graded for quality and reported.

The dentist we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for patients with a high risk of dental decay. Public Health England had produced an updated document in 2014: 'Delivering better oral health: an evidence based toolkit for prevention'. Following the guidance within this document would be evidence of up to date thinking in relation to oral healthcare.

Discussions with the dentist showed they were aware of the 'Delivering better oral health' document and we saw evidence of this in dental records to show it was used in their practice.

The dental care records were updated with the proposed treatment after discussing and recording the options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) guidelines.

The practice had recently begun to provide conscious sedation and used a medically qualified sedationist to provide this. We found that there were robust governance systems in place to underpin the provision of conscious sedation. The systems and processes we observed were in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015. This included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation

equipment checks, personnel present, patients' checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions and staff training.

We found that patients were appropriately assessed for sedation. We saw clinical records that showed that all patients undergoing sedation had important checks made prior to sedation. The records demonstrated that during the sedation procedure important checks were recorded at regular intervals such as blood pressure which included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using specialised equipment including a pulse oximeter which measures the patient's heart rate and oxygen saturation of the blood. The medically qualified sedationist was supported by a trained dental nurse. The measures in place ensured that patients were being treated safely and in line with current standards of clinical practise. The dental nurse supporting had received two hours in house training by the dentist and other training had taken place 15 years ago. The practice had booked a full training course for both dental nurses in June 2016.

Feedback we received from 25 patients showed that they were wholly satisfied with the service including the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained literature that explained the services offered at the practice. The practice did not display any kind of health promotion and prevention literature.

Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults. Staff also advised patients on the impact of tobacco and alcohol consumption on oral health. Referrals were made for smoking cessation. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients were given free samples of toothpaste when available. Diet sheets could be given for completion in relation to children where concerns around diet were identified.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain

Are services effective?

(for example, treatment is effective)

their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place.

Staff training had been mainly informal and practice led with staff actively reading policies annually to refresh their knowledge. Formal face to face training had been conducted in relation to basic life support and the practice manager had also arranged for formal training for all staff to take place for fire safety and safeguarding. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance. We saw that staff had annual appraisals completed. Staff confirmed that appraisals had taken place and they felt supported and involved in discussions about their personal development. They told us that the management team and dentists were supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not

provided by the practice. The records at the practice showed that referrals were made in a timely way and followed NICE guidelines criteria where appropriate. Referrals were not logged and monitored to ensure that patients accessed the treatment they needed however fast track letters for suspected cancer were sent by recorded delivery to ensure that they were received.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options, and consent forms which were signed by the patient. The dentist we spoke with was also aware of and understood the assessment of Gillick competency in young patients. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had not received formal Mental Capacity Act 2005 (MCA) training but those that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The main reception area was open plan and large but for personal discussions a separate room was used to maintain confidentiality. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of, patient information. We observed the interaction

between staff and patients and found that confidentiality was being maintained. Staff were aware of locking computers and the importance of not disclosing information to anyone other than the patient.

Patients told us that they felt that practice staff were helpful and caring and that they were treated with dignity and respect. They also told us that staff were always attentive to their needs and professional.

Involvement in decisions about care and treatment

Feedback from patients included comments about how they were given good explanations and advice relating to treatments and any questions they had were answered. They were clearly explained to themselves and their children. Nervous patients also commented that staff were reassuring and understanding to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information displayed in the waiting area described the range of services offered to patients and the complaints procedure.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, patients would be seen the same day or the next day if the practice was closed. Advice and reassurance was always available over the telephone. The practice leaflet and answerphone message gave details of the arrangements for urgent treatment.

Appointment times and availability met the needs of patients at present. The practice opened Monday and Tuesday from 8.30am to 2.30pm, Thursday 8.30am to 5.30pm (late night appointments are available to 7.30pm), Friday 8.30am to 5.15pm and 9am to 12pm alternate Saturdays. The practice is closed Wednesday and Sunday. As the practice was relatively new and the patient list was not great the appointment times would fluctuate. For example although there were late night appointments available on a Thursday these appointments would not always be taken and therefore it may only be reception that would be covered at these times. As the practice was expected to grow there were plans for recruitment of another dentist and other staff to accommodate.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. The practice was aware of patients with limited mobility or wheelchair users and reception staff would wait for these patients to arrive so that the front door could be opened for them. Once inside the practice all areas were easily accessible to patients using a wheelchair or those with limited mobility. The practice was aware of patients with limited mobility or wheelchair users and reception staff would wait for these patients to arrive so that the front door could be opened for them. The

reception desk had one side that had been adapted so that wheelchair users could make use of the reception desk easily. There was an assisted toilet, accessible to patients which had a pull cord that sounded an alarm at reception. However a disability access audit had not taken place at the practice. The practice had sofas throughout the waiting area however there were no hard back chairs that may be more suitable for people with mobility issues or the elderly.

The practice was able to use an interpreting service, both via the telephone and by booking interpreters in advance if necessary for any non-English speaking patients.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours were possible. On the days that the practice was closed patients could have an appointment at the sister practice in Boston if they wished. There was an emergency on call system that registered patients could access or, if appropriate, advice and reassurance could be given over the phone until the next available appointment.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

Concerns & complaints

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of external organisations such as NHS England that a patient could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area and in the practice leaflet. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been one complaint made within the last 12 months. CQC comment cards reflected that patients were more than satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice and there was a flow chart that demonstrated this.

Clinical audits had taken place such as radiography and infection control. The radiography audit in August 2015 had shown that improvement could be made and therefore a re-audit had been booked to take place six months later. Non clinical audits such as record cards to monitor and improve the quality of care provided had taken place however these audits could have been more detailed. Discussions following audits were cascaded to other staff and discussed at practice meetings.

There was a full range of policies and procedures in use at the practice. We saw that policies and procedures did not have a review date on the document but that all had been read by all staff annually as part of informal training. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with any of the dentists or the management team if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the managers and dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice's values and ethos and demonstrated that they worked towards these.

Practice meetings were held monthly and were minuted and topics discussed included audit results and how the practice could look at attracting new patients. The practice was a small team and most discussions in relation to care were informal in daily discussions between each other that were not recorded. We found from speaking with the staff that they were aware and had discussions that were not always recorded in the practice meeting minutes.

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

Staff told us that patients could give feedback at any time they visited. The practice had completed a survey with patients in September 2015. The results of this survey also gave suggestions and improvements such as longer opening hours. This prompted the later opening on Thursday evening and also the introduction of Saturday opening alternate fortnightly.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed at the monthly practice meeting.

Staff told us that they felt part of a team.