P K Patel Limited

Hillary Street Dental Surgery, Walsall

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 October 2015 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

Hillary Street Dental Practice has three dentists who each work part time and six dental nurses, two of these dental nurses act in a practice manager capacity. One practice manager is responsible for administration and the other for clinical matters. All of the dental nurses were qualified and registered with the General Dental Council (GDC). One of these nurses went through the grand parenting scheme to be registered with the GDC. The practice's opening hours are 9am to 1pm and 2pm to 6pm on Mondays through to Thursdays with occasional late night opening until 9pm on Thursdays. On Fridays the practice is open from 9am to 1pm and 2pm until 5pm. The practice is occasionally open on Saturdays from 9am until 1pm if extra capacity is required; this enables waiting times for treatment to be kept to a minimum.

Hillary Street Dental Practice is a dental practice providing mainly NHS and some private treatment and caters for both adults and children. The practice owner is a Clinical Assistant in oral surgery at the Manor Hospital Walsall. Consequently complex oral surgery can be provided for patients attending the practice requiring this type of treatment. Another dentist at the practice is carrying out additional training in root canal treatment and therefore more complex root canal treatment can be

Summary of findings

provided. The practice is situated in a converted residential property. The practice had two dental treatment rooms; one on the ground floor and one on the first floor and a separate decontamination room for cleaning, sterilising and packing dental instruments. There is also a reception and waiting area.

The practice owner 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 34 completed cards and spoke to five patients. These provided a positive view of the services the practice provides. All of the patients commented that the quality of care was very good.

We carried out an announced comprehensive inspection on 20 October 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

- The practice had empowered practice managers who supported robust clinical governance systems and processes within the practice.
- 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 had a dedicated safeguarding lead with effective safeguarding processes in place for safeguarding adults and children living in vulnerable circumstances.
- The practice had enough staff to deliver the service.
- Staff personnel files were well organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the registered manager and practice managers and were committed to providing a quality service to their patients.
- Information from 34 completed CQC comment cards gave us a completely positive picture of a friendly, caring and professional service.
- All complaints were dealt with in an open and transparent way by the practice manager responsible for administration.
- The practice had a rolling programme of clinical audit in place.

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 robust arrangements for infection control, clinical waste control, 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?

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. 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?

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

We collected 34 completed cards. These provided a completely positive view of the service; we also spoke to five patients who also reflected these findings. All of the patients commented that the quality of care was very good. Some patients commented that the dentists provided excellent advice and treatment, treatment was explained clearly and we were told that the staff were caring and put them at ease.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took these needs into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with written information about how to prevent dental problems and on the indicative costs of dental treatment. One dental treatment room was on the ground floor enabling ease of access into the building for patients with mobility difficulties and families with prams and pushchairs. The practice opened late on a Thursday and on a Saturday morning occasionally when the need was identified by the registered manager to prevent patients having to wait for their treatment.

Are services well-led?

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

The Registered Manager supported by the two practice managers provided effective local leadership for the other dentists and dental nurses working in the practice. The practice had clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the Registered Manager and practice managers. All the staff we met said that the practice was a good place to work.

Hillary Street Dental Surgery, Walsall

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 20 October 2015. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice, however there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and computer system that supported the patient treatment records and patient dental health education programme. We reviewed comment cards completed by patients and spoke to five patients. Patients gave very positive feedback about their experience 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

We were told about the systems in place for reporting and learning from incidents. There had been no incidents or accidents recorded within the previous 12 months. We saw that action had been taken regarding previous accidents recorded to try and prevent reoccurrence. Where appropriate patients were told when they were affected by something that had gone wrong and informed of actions taken as a result. We saw evidence that all staff had recently undertaken training regarding duty of candour. Staff spoken with were aware that patients and other relevant persons would be provided with information, support and an apology in the event of a patient safety incident.

The registered manager told us that they received national alerts regarding patient safety via email. They explained that they printed these and gave a copy to relevant staff. Discussions were held with these staff to ensure they were acted upon.

Reliable safety systems and processes (including safeguarding)

We spoke to the clinical practice manager about the prevention of needle stick injuries. She 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 resheathed using the hands following administration of a local anaesthetic to a patient. A special device was used during the recapping stage and the responsibility for this process rested with each dentist. The practice manager 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 about the instruments which were used during root canal treatment. The nurse manager explained that these instruments were single use only. We were told that root canal treatment was carried out where practically possible using a rubber dam. (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 could 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 registered manager, who acted as the practice safeguarding lead. This individual acted as a point of referral should members of staff encounter a child or adult safeguarding issue. As part of his hospital appointment they had been trained to level three safeguarding for vulnerable people. A detailed policy was in place for staff to refer to in relation to children who may be the victim of abuse. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. Information to guide staff in relation to the action to take for adults who may be the victim of abuse was also available although not as detailed. Training records showed that all staff had received safeguarding training for both vulnerable adults and children within the past 12 months. Staff spoken with were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

Arrangements were in place to deal with medical emergencies at the practice. There was 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. The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. There were two emergency drugs and equipment kits in place, one on each floor. The practice also had an oxygen cylinder and other related items such as manual breathing aids and portable suction were available in line with the Resuscitation Council UK guidelines on each floor.

All emergency medicines and oxygen were in date. The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical

Are services safe?

emergencies on an annual basis. In-house refresher training was also completed during training days held at the practice. Staff spoken with were aware of the location of the emergency equipment and medication.

Staff recruitment

The practice had a recruitment policy that described the processes to follow when employing new staff. We checked the employment file of the member of staff most recently employed at the practice. We found that appropriate employment procedures had been followed. Employment files contained details of the staff member's professional registration and their training certificates. Information was available regarding the immunisation status for each member of staff. We saw that Disclosure and Barring Service checks (DBS) had been completed for all staff. These are checks to 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.

Newly employed staff had a period of induction to familiarise themselves with practice procedures and complete mandatory training such as health and safety and infection control, before being allowed to work unsupervised. Staff were also required to sign to confirm they had read and understood the policies and procedures within the practice. We spoke with the staff members who were most recently employed; both had worked at the practice for over three years. Staff told us that the induction process prepared them for their job role and gave them a good insight into how the practice was run.

There were enough support staff to support the dentists during patient treatment. All of the dental nurses supporting the dentists were qualified and registered with the General Dental Council (GDC). Sufficient numbers of staff were on duty to ensure that the reception area was not left unmanned at any time. The practice manager responsible for administration and the registered manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. Staff confirmed that they were required to provide cover to ensure that there continued to be enough staff for the smooth running of the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, health and safety and water quality risk assessments. These assessments included details of the risks identified and actions taken and they were reviewed annually. The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Staff had received fire training and we saw evidence of fire procedure notices displayed throughout the practice. Fire alarm checks were undertaken weekly. An external agency provided fire protection equipment servicing and the practice had carried out a fire risk assessment. This had been reviewed and updated on an annual basis. We saw that staff had undertaken fire drills three times during 2015 and fire and health and safety were regularly discussed during staff training days.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The registered manager had delegated the responsibility for infection control procedures to the practice manager responsible for clinical matters. It was demonstrated through a description of the end to end process and a review of practice protocols that HTM 01 05 Essential Quality Requirements for infection control was being exceeded. (HTM 01 05 is national guidance for infection prevention control in dental practices') It was observed that a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines.

It was noted that the two dental treatment rooms, waiting area, reception and toilets were visibly 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 gels and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed. Bare below the elbow working aims to improve the effectiveness of hand hygiene performed by health care workers. Patients spoken with and comment cards received confirmed that the practice was always clean.

Are services safe?

We asked the practice manager 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 and demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The drawers of a treatment room was inspected in the presence of the nurse manager. These were 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 (PPE) available for staff and patient use.

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). We were told about the methods used which were in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in April 2014. We saw evidence that this was regularly reviewed, a review was due to be carried out later in April 2017. All recommended actions contained in the report were being carried out and logged appropriately. This included regular testing of the water temperatures of the taps in all rooms in the building. We saw a very complete set of records which demonstrated these were carried out each month dating back several years. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice utilised a separate decontamination room for instrument processing. This room was very well organised and was very clean, tidy and clutter free. Protocols were displayed on the wall to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in this room. The nurse manager demonstrated to us 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 an ultrasonic cleaning bath followed by the use of an automated washer disinfector for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). The practice used two types of autoclave, a vacuum and non-vacuum autoclave. 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 nurse manager also demonstrated that systems were in place to ensure that the autoclaves and ultrasonic cleaning baths used in the decontamination process were working effectively. These included the automatic control test and steam penetration test. 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 and washer disinfector were also carried out and were available for inspection, including weekly protein residue and soil tests in line with HTM 01 - 05.

We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and the segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and this was stored in a separate locked location within 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.

Environmental cleaning was carried out in accordance with the national colour coding scheme and cleaning schedules were available for inspection.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example two of the autoclaves had been serviced and calibrated in May 2015. The practices' X-ray machines had been serviced and calibrated during the period March 2013 and March 2015. Portable appliance testing (PAT) for all electrical appliances had been carried out in March 2014 and further testing was due to be carried out in 2016. A sample of dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients. The practice stored prescription pads in a secure cupboard on the first floor to prevent loss due to theft.

Are services safe?

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 and the Radiation Protection Supervisor and 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 most recent radiological audit for each dentist was available for inspection, this demonstrated that a very high percentage of radiographs were of grade one standard. A sample of dental care records where X-rays had been taken showed that when dental X-rays were taken they were justified, reported on and quality assured. These findings showed that the 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 registered manager and other dentists working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. The registered manager 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 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 any 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. This was facilitated through a computerised patient education system which formed part of the patient record when appropriate. 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.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. 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 to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The waiting room at the practice contained literature in leaflet form, posters and videos that explained how to reduce the risk of poor dental health. Included were laminated sheets in the format of FAQ's 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 also given to them. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The sample of dental care records we observed demonstrated that dentists had given oral health advice to patients. We saw an example of notable practice at this location. The practice manager responsible for clinical matters had taken an additional qualification in oral health education. They used the skills learned to go out into the community to spread the messages of how to maintain a healthy mouth for life. They visited local schools where they supported teachers and demonstrated to children how to maintain healthy teeth and gums and the importance of maintaining a healthy diet.

Staffing

The administration practice manager told us that the practice ethos was that all staff should receive appropriate training and development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and other specific dental topics. Dental nurses received an annual appraisal in which training requirements were discussed. Staff were supported to attend training courses appropriate to the work they performed and to develop their skills. We were told about the support given to staff to ensure they met their continuing professional development (CPD) requirements. CPD is a compulsory requirement of registration as a general dental professional. The practice arranged external training providers to deliver training and for staff to undertake in-house training. Three training days had been held during 2015 for this purpose. Staff spoken with said that they felt well supported, received all necessary training and could speak with a member of the management team if they had any issues or concerns. Records showed professional registration with the GDC was up to date for all staff

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made when required to other dental specialists. For example those patients who

Are services effective?

(for example, treatment is effective)

were no longer able to access the practice due to mobility issues would be referred to the community dental service. The practice kept a record of all referrals through a referral tracking system to ensure that continuity of care was maintained.

Consent to care and treatment

We spoke to the registered manager on the day of our visit who had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. 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 registered manager described how They used an intra-oral camera to take photographs of the teeth prior, during and at the end of dental treatment. This included the condition of teeth requiring treatment, the appearance of the gums and of the soft tissues. These provided a means of patient education as well as preventing medico-legal problems in cases where patients could dispute the dentist's findings and treatment outcomes.

The registered manager also explained how They would obtain consent from a patient who suffered with any mental impairment which may mean that they might be unable to fully understand the implications of their treatment. The registered manager explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They explained that 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. Staff spoken with confirmed that they had received in-house training regarding the Mental Capacity Act; we saw that information was available for staff to refer to.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed the 34 CQC comment cards patients had completed prior to the inspection; we spoke with five patients and observed how staff interacted with patients. We saw that staff were discreet, friendly and treated patients with dignity and respect. Patients told us that staff were helpful and kind. We were told that privacy and confidentiality was always maintained. Comment cards reviewed aligned with these views. Patients commented on the friendly and relaxed atmosphere at the practice which helped to put them at their ease.

The waiting area was situated away from the reception area which helped to ensure that conversations held at the reception desk could not be heard by patients waiting to be seen. Staff spoken with said that confidentiality, respect and dignity were topics discussed regularly at staff meetings. Staff were aware of the actions to take to ensure confidentiality was maintained.

Treatment rooms were situated away from the main waiting area and we saw that doors were able to be 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 filing cabinets. Practice computer screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception. A number of comment cards we observed commented that patients were treated with dignity and compassion at all times.

Patients who were anxious about dental treatment told us that the dentist always put them at their ease, treatment procedures were explained and the dentist always continually asked if the patient was alright to carry on with the treatment. Comment cards received also recorded that the dentist and all staff were caring. Dental nurses we spoke with explained the steps they took to ensure that patients felt at ease and were not anxious about receiving dental treatment.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting and reception area.

The registered manager 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. This information was recorded on the standard NHS treatment planning forms for dentistry. Staff told us that they always spent time answering any questions and ensuring patients understood the information given to them. We were told about the use of the screens in each treatment room to show patients information regarding, for example treatments and dental hygiene. Patients commented that they felt involved in any treatment decisions and all options were explained fully to them in a way they could understand before any decisions were made.

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 practice waiting area displayed a variety of information including details of opening hours, emergency 'out of hours' contact details and arrangements and practice policy documents. The patient information leaflet and policy folder were available in the waiting area. 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 said that they found it easy to get a routine appointment at the practice and were generally seen within a few minutes of their appointment time. We were also told that patients were seen for emergency treatment on the same day that they telephoned the practice. Patients spoken with said that you often had to sit and wait to see the dentist for emergency treatments but all were happy that they were seen on the day that they called the practice.

The feedback we received from patient comment cards was positive. Patients described their care as excellent; we were told that the dentist and all staff were professional, thorough and offered flexibility for appointments to meet people's needs.

Tackling inequity and promoting equality

The practice is located in a converted residential property which had a few small steps to gain entrance. There was a treatment room on the ground floor and one on the first floor. The practice's website informed patients that access was via three small steps. The practice leaflet also advised patients that there were steps leading to the practice but that staff would be happy to assist patients or arrange an appointment at suitable premises. The registered manager told us that where they were aware that patients required assistance staff would be ready waiting to provide this. We were told that patients could also be referred to the community dental service which was wheelchair accessible.

The practice recognised the needs of different groups in the planning of its services. Staff told us that an interpretation service was available if required, we were told of occasions when interpreters had been booked for use at the practice. Patients must request an interpreter in advance. Practice staff spoke three local community languages (Urdu, Punjabi and Guajarati) as well as English.

We were shown the booklets available to help those patients who had a learning disability access information about dental practices. An easy read booklet explained to patients the services available. We were told that staff had attended training regarding this.

There was no hearing loop at the practice but we were told that staff were aware of the needs of those patients who had hearing difficulties as they had been patients at the practice for many years.

Access to the service

The practice is open Monday to Thursday between the hours of 9am to 1pm and 2pm until 6pm and on a Friday from 9am to 1pm and 2pm until 5pm. We were told that when the need arose, at the dentists' discretion the practice stayed open until 9pm on a Thursday evening and opened between the hours of 9am until 1pm on a Saturday. The registered manager told us that Saturday opening was less frequent but was to prevent patients having to wait for treatment. The routine opening hours were on display within the practice and were available on the website and practice leaflet.

We were told that a text message reminder service was in place. Patients we spoke with thought that this was an excellent service helping them to ensure they attended their appointments.

Appointments could be made in person or by telephone. The patient information leaflet gave details of arrangements to ensure patients received urgent assistance when the practice was closed. If patients had undergone difficult dental procedures the practice manager would contact them following treatment to assess how they were coping. If the patient needed to speak to the registered manager out of hours they would arrange this to take place if possible.

Patients spoken with and comment cards received did not highlight any issues regarding access to the service. We were told that patients had satisfactory access to the service and did not have difficulty getting through to the practice on the telephone.

Concerns & complaints

Are services responsive to people's needs?

(for example, to feedback?)

Information for patients about how to complain was on display in the practice and also available in the folder in the waiting area. This gave details of who to speak to within the practice and the contact details of other organisations patients could contact if they were unhappy with the practice's response to a complaint. For example the Parliamentary and Health service Ombudsman and NHS England. The practice leaflet also requested patients to speak with the practice manager if they had any concerns or complaints.

There was a designated complaints lead at the practice and staff were aware who held this role. Staff told us that any formal or informal comments or complaints received were forwarded to the practice manager for action and to ensure that these were responded to. We were told that formal written complaints were logged and we saw records to confirm this. The practice had received one formal complaint within the last 12 months. Verbal complaints were not logged as we were told that these were usually resolved at the time. Patients were able to meet with a practice manager to discuss complaints and could also discuss concerns with the registered manager.

Staff told us that complaints would be discussed at practice meetings if relevant. This helped to ensure that staff learned and took appropriate action to ensure similar issues did not arise in the future.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements which included systems to ensure risks were identified, understood and managed appropriately. Relevant policies and procedures were in place which were reviewed and updated on a regular basis. Policies available included safeguarding, recruitment, infection prevention and control and health and safety. Staff were aware of the location of the policy folder and confirmed that it was easily accessible. Staff confirmed that the registered manager or practice managers were always available to provide advice and guidance if required. Staff had signed documentation to confirm that they had received training and were confident in carrying out certain tasks such as hand hygiene, infection control, confidentiality, data protection, basic life support. We were told that all staff had individual access to the information governance website which enables them to undertake training such as data protection.

As well as regular scheduled risk assessments, the practice undertook both clinical and non-clinical audits. These included infection prevention and control, clinical record keeping, and waiting times. Risk assessments and audits were completed on an annual basis or more frequently if required.

Leadership, openness and transparency

There was an effective management structure in place to ensure that responsibilities of staff were clear. The registered manager was in charge of the day to day running of the service and two practice managers took responsibility for either administration or clinical issues; both were registered dental nurses. Staff we spoke with were aware of their roles and responsibilities and who within the practice held any delegated lead roles, such as complaints, infection control and safeguarding.

We found staff to be caring towards the patients and committed to the work they did. Staff told us that they all worked well as a team and there was an open and honest culture within the practice. Staff were confident to raise issues which they felt would be dealt with immediately. We were told that the management team were approachable and provided support and guidance whenever needed. Staff said that they felt appreciated for the work that they did and were always thanked by the dentists for a job well done.

Learning and improvement

We found that there was a rolling programme of clinical and non-clinical audits taking place at the practice. These included important areas such as infection prevention and control, clinical record keeping, X-ray quality, equipment maintenance and referrals tracking. We looked at a sample of them and they showed that the practice was maintaining a consistent standard in relation to standards of patient assessment, infection control and dental radiography.

There were monthly formal practice meetings, as well as informal 'get together' meetings which were held as needed to discuss key issues. Staff confirmed that discussions were held as needed and they would not wait until the next planned staff meeting to discuss issues identified. The registered manager told us that they met informally with the associate dentists each time they worked at the practice. This enabled dentists to have a regular update meeting.

Dentists and dental nurses completed training to support their continuous professional development (CPD). We saw that CPD logs were available which recorded the number of hours of training staff had completed. Staff told us that the practice manager monitored this and offered support to ensure staff did not fall behind with their CPD requirements. CPD must be completed for continued registration with the General Dental Council (GDC). Regular training days were held at the practice. Staff told us that they regularly had refresher training sessions, discussed important policies and procedures and working practices. All staff had annual appraisals where they were able to discuss training, working practice and make suggestions for change. Staff spoken with confirmed that they felt comfortable speaking out during appraisal and making suggestions or raising concerns.

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

Although there was no specific staff survey undertaken, staff said that they were always able to share any thoughts or raise issues. Staff we spoke with told us that they felt involved at the practice and were encouraged to speak out.

Are services well-led?

Patients spoken with said that staff were friendly and approachable; four out of the five patients told us that they had previously completed a survey about the practice. None of the patients had ever made a complaint but all felt confident to do so if required.

Until the introduction of the Friends and Family Test (FFT), the practice had conducted six monthly patient surveys. We saw the results of the last two surveys. Patients commented favourably about the practice but also made suggestions for change which the practice were unable to action. For example additional parking or extending the waiting room. The registered manager discussed issues identified in previous surveys which had been addressed. For example we were told that an additional computer had been purchased for the reception area so that both reception staff could be booking appointments at the same time. The registered manager confirmed that they would be re-introducing annual satisfaction surveys in the near future. The results of the most recent FFT; which is a national programme to allow patients to provide feedback on the services provided were available on the NHS Choices website; we saw that 98% of people who completed this survey would recommend the dental practice. The practice also had a suggestions box which was reviewed regularly, although we were told that patients rarely used this facility.

We were shown thank you cards sent to the practice from patients. Cards seen praised staff for their kindness, patience and thanked dentists for the treatment received.