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Porchester Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 04 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

The Porchester Dental practice is located in the London Borough of Westminster. The premises are situated in a lower ground floor and basement of a building in a high-street location. There are two treatment rooms, a reception area, a decontamination area, a patient toilet and storage room across both floors. There is another dental practice co-located in the same premises; this practice shares all staff and governance structures.

The practice provides NHS and private services to adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers and crowns and bridges.

The staff structure of the practice consists of a principal dentist and two trainee dental nurses. There is also another principal dentist working at the practice, who is registered as a separate individual with the Care Quality Commission (CQC).

The practice opening hours are from Monday to Friday from 9.00am to 5.00pm.

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

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Summary of findings

Twenty-three people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff knew how to report incidents and how to record details of these so that the practice could use this information for shared learning.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced. However the practice had not carried out all of the regular checks recommended for the ultrasonic bath.
- Staff did not have access to an automated external defibrillator (AED) in line with current guidance and had not undertaken and documented a risk assessment as regards its absence.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements were in place for the smooth running of the practice. Improvements could be made to the current system of audits to better monitor and enhance the quality of the service.

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

- Review the use of audits, such as those checking the quality of radiography and dental care records, to help monitor and improve the quality of service. The practice should also check that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review staff training to ensure that all staff, including the trainee dental nurses, have completed, and regularly update, training in relation to safeguarding vulnerable adults and children.
- Review the practice's testing protocols for equipment used for cleaning used dental instruments giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's recruitment protocols to ensure that, where appropriate, Disclosure and Barring Service (DBS) checks are completed prior to employment, or a risk-based assessment, and associated safeguards, are put in place during the period that these checks are being processed. Alternatively, the risk assessment should explicitly state why such a check is unnecessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place to minimise the risks associated with providing dental services. The practice had policies and protocols, which staff were following, for the management of infection control, safeguarding, and medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

Improvements could be made to the process of carrying out background checks of staff prior to employment, in relation to the availability of equipment for managing medical emergencies, and as regards the training of staff in safeguarding vulnerable adults and children. The provider gave us assurance, after the inspection, that these issues had been reviewed; an automated external defibrillator (AED) had been purchased, safeguarding training and tests on cleaning equipment had been completed in line with national guidance.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the National Institute for Health and Care Excellence (NICE) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were meeting all of the training requirements of the General Dental Council (GDC). Staff had received appraisals within the past year to discuss their role and identify additional training needs.

Are services caring?

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

We received positive feedback from patients. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients generally had good access to appointments, including emergency appointments, which were available on the same day.

There was a complaints policy in place; one complaint had been received in the past year and responded to in line with this policy. Patient feedback, through the use of the NHS 'Friends and Family Test', was used to improve the quality of the service provided.

Summary of findings

The culture of the practice promoted equality of access for all. The needs of people in the local area had been considered and staff at the practice spoke a range of different languages. However, the practice was not fully wheelchair accessible as the treatment rooms were situated in a lower ground floor. The practice had explored the possibility of improving access but had been unable to find a viable solution. Alternative arrangements with other, fully accessible, local providers had been made.

Are services well-led?

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

The practice had good clinical governance and risk-management structures in place. There were relevant policies and procedures in place and were frequently reviewed and updated. Staff were aware of the policies and procedures.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the principal dentist to address any issues as they arose.

Improvements could be made to the current system of audits to monitor performance and drive improvement. Formal risk-assessment processes could also be better used to understand and mitigate risks, for example, in relation to responding to medical emergencies and staff recruitment checks.

The practice sought and acted on feedback from its patients and staff.

Porchester Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 04 February 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with three members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. One of the trainee dental nurses demonstrated how they carried out decontamination procedures of dental instruments.

Twenty-three people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was a system in place for reporting and learning from incidents. There had not been any significant events related to patients in the past year. There was a written policy which described what types of events might need to be recorded and investigated.

We discussed the investigation of incidents with the principal dentist. They confirmed that if patients were affected by something that went wrong, they were given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for child and adult safeguarding. They were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable elderly patients who presented with dementia.

The practice had a well-designed safeguarding policy which referred to national guidance. Information about the local authority contacts for safeguarding concerns was held in a file with the safeguarding policy. We discussed potential safeguarding scenarios with all members of staff. They all demonstrated a good working knowledge of what types of concerns would need to be raised and investigated. The principal dentist was up to date with safeguarding training; however the trainee dental nurses had not completed formal training to an appropriate level. We raised this issue with the principal dentist. They assured us that arrangements would be made for staff to undertake relevant training as soon as possible.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not resheathed using the hands and a rubber needle guard was used instead, which was in line with current guidelines. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries. There was also a written risk assessment, in line with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. Medical oxygen and other related items, such as manual breathing aids and portable suction were available in line with the Resuscitation Council UK guidelines. However, the practice did not have access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. A risk assessment as regards the absence of an AED had not been undertaken and documented. We discussed this with the principal dentist who told us they would review this issue.

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen in a location known to all staff.

Staff received annual training in using the emergency equipment. The staff we spoke with were all aware of the location of the emergency equipment.

Staff recruitment

The staff structure of the practice consists of a principal dentist and two trainee dental nurses, who also act as receptionists.

Are services safe?

There were two members of staff who had been recruited within the past three years. There was a recruitment policy in place which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We reviewed all of the staff recruitment files and saw that records had been kept in relation to these checks.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment and periodically thereafter. We saw evidence that two members of staff had a DBS check. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, one of the trainee dental nurses, who had been recruited in November 2015, did not have a DBS check. The principal dentist told us that a DBS check had been requested, but had not yet been completed. There was no written risk assessment related to this issue, but the dentist told us that the dental nurse was always supervised and never left alone with patients.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by the practice via email and copies of relevant documents were held in a file. These were disseminated at staff meetings, where appropriate.

There was a draft business continuity plan, which, we were told needed to be updated with key contacts in the local area for reference purposes in the event that a maintenance problem occurred at the premises. There was an informal arrangement in place to direct patients to another local practice for emergency appointments in the event that the practice's own premises became unfit for use.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. One of the trainee dental nurses, who had been working at the practice for three years, was the infection control lead. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The practice had carried out practice-wide infection control audits every six months and found high standards throughout the practice. We noted that the last audit had been completed in October 2015.

We observed that the premises appeared clean and tidy. Clear zoning demarked clean from dirty areas in all of the treatment rooms. Hand-washing facilities were available, including liquid soap, hand gels and paper towels in the treatment room, decontamination room and toilet. Hand-washing protocols were also displayed appropriately in various areas of the practice.

We asked one of the trainee dental nurses to describe to us the end-to-end process of infection control procedures at the practice. The protocols they described demonstrated that the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. We saw that there were written guidelines for staff to follow for ensuring that the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

We checked the contents of the drawers in the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched. It was

obvious which items were for single use and these items were clearly new. The treatment room had the appropriate personal protective equipment, such as gloves and aprons, 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). The practice manager described the method they used which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by an external contractor in October 2011. The practice was following recommendations to reduce the risk of Legionella, for example, through the regular testing of the water temperatures. A record had been kept of the outcome of these checks on a monthly basis.

The practice used a decontamination area in the basement for instrument processing. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which ensured the risk of infection spread was minimised. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Instruments were manually cleaned in the treatment rooms and then placed in an ultrasonic bath. They were then rinsed in a separate bowl and inspected under a light magnification device. Items were then placed in a lidded 'dirty' box and transported to the autoclave (steriliser) in the basement. When instruments had been sterilized, they were pouched and stored appropriately, until required. All of the pouches we checked had a date of sterilisation and an expiry date.

We saw that there were systems in place to ensure that the autoclave was working effectively. These included, for example, 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 complete and up to date. However, we noted that the daily visual checks, and weekly protein tests, for the ultrasonic bath had not been completed. We raised this with the trainee dental nurse and principal dentist, who assured us that such checks would now be carried out.

The segregation and storage of dental 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. The practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location in the basement of the practice prior to collection by the contractor. Waste consignment notices were available for inspection. Environmental cleaning was carried out using cleaning equipment in accordance with the national colour coding scheme.

Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. (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.)

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) had been completed in accordance with good practice guidance in 2016. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The expiry dates of medicines, oxygen and equipment were monitored using weekly and monthly check sheets which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

There was a well-maintained radiation protection file in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for the X-ray set along with the three-yearly maintenance logs and a copy of the local rules.

We saw evidence that principal dentist had completed radiation training. However, audits on X-ray quality had not been carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principal dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The principal dentist described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire covering 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 the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's 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 details of the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

We checked a sample of dental care records to confirm the findings. These 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 were noted 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 practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The principal dentist told us they discussed oral health with their patients, for example, they discussed effective tooth brushing. They were aware of the need to discuss a general preventive agenda with their patients and referred to the advice supplied in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. (This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). They told us they held discussion with their patients, where appropriate, around smoking cessation, sensible alcohol use and dietary advice. The dentists also carried out examinations to check for the early signs of oral cancer.

We observed that there were health promotion materials displayed in the waiting area and treatment room. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

Staff told us they received appropriate professional development and training. We checked three staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, infection control and radiography and radiation protection training.

The principal dentist told us they carried out a thorough induction with new members of staff to ensure that they understood the protocols and systems in place at the practice.

The principal dentist supervised and reviewed the work of the trainee dental nurses and provided written feedback as part of the dental nursing course work. This provided the trainee dental nurses with an opportunity to discuss their current performance and career development. The trainee dental nurses told us they felt well supported by the principal dentist and valued the level of feedback received with a view to improving their skills.

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.

The principal dentist explained how they worked with other services, when required. The dentist was able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for more complicated extractions.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was

Are services effective?

(for example, treatment is effective)

prepared and sent to the hospital with full details of the dentist's findings and a copy was stored on the practices' records system. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post-procedure care. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke to the principal dentist about their understanding of consent. They explained that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were asked to sign formal written consent forms for specific treatments.

The principal dentist and trainee dental nurses were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.) The principal dentist described scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

All of the feedback we received from patients contained positive remarks about the staff's caring and helpful attitude. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. Patients who felt they were nervous about dental treatment indicated that their dentist gave them reassurance throughout the processes of the dental treatments. We also observed staff were welcoming and helpful when patients arrived for their appointment or made enquiries over the phone.

Staff were aware of the importance of protecting patients' privacy and dignity. The treatment rooms were situated away from the main waiting area and we saw that the doors were closed at all times when patients were having treatment. Conversations between patients and the dentist could not be heard from outside the rooms, which protected patient's privacy.

Staff understood the importance of data protection and confidentiality and had received in-house training in information governance. Patients' dental care records were stored in a paper format in locked filing cabinets. Some information was also stored electronically on computers. Staff were careful to ensure that computers were closed down when not in use and all computers were password protected.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of the NHS and private dental charges or fees. We spoke with the principal dentist and both trainee dental nurses on the day of our inspection. All of the staff told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the records that the dentist recorded the information they had provided to patients about their treatment and the options open to them. The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. The principal dentist decided on the length of time needed for their patient's consultation and treatment. The feedback we received from patients indicated that they felt they had enough time with the dentist and were not rushed.

Staff told us that patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

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 opening hours and guides to different types of dental treatments. The practice had a website which reinforced this information. New patients were given a practice leaflet which included advice about appointments, opening hours and the types of services that were on offer.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The staff at the practice spoke six different languages, covering the majority of those spoken in the local area.

The practice was not wheelchair accessible as the treatment rooms were located down some steps on a lowered ground floor of the building; the patient toilet was also situated down a flight of stairs in the basement. The principal dentist told us they had previously explored the possibility of making adjustments to the building, but had been unable to identify a solution, such as a ramp, which would be viable in the limited space available. They did provide written information about access in their patient information leaflet and referred patients to another local practice which was fully wheelchair accessible, as necessary.

Access to the service

The practice opening hours are Monday to Friday from 9.00am to 5.00pm.

We asked one of the trainee dental nurses and the principal dentist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out-of-hours emergency treatment.

The staff told us that patients who needed to be seen urgently were seen on the same day they alerted the practice to their concerns. On the day of the inspection, we observed a patient arrive with a request to see a dentist because they were experiencing dental pain. The principal dentist arranged to see the patient immediately.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area and in the patient information leaflet. There was a formal complaints policy describing how the practice handled formal and informal complaints from patients. There had been one complaint recorded in the past year. This had been responded to in line with the practice policy. The principal dentist had carried out investigations and discussed learning points with relevant members of staff. Patients had received a written response, including an apology, when anything had not been managed appropriately.

Patients were also invited to give feedback through the NHS 'Friends and Family Test'. The principal dentist told us they reviewed these responses on a monthly basis and that, thus far, the feedback had been positive with the majority of people being likely to recommend the practice to other people.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements with an effective management structure. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them. There were staff meetings approximately every other month to discuss key governance issues such as infection control and patient confidentiality.

There were arrangements for identifying, recording and managing risks through the use of risk assessment processes. However, there were some area where improvements could be made to develop an appropriate risk-reduction strategy, such as putting in place a risk-assessment for new staff who need to start work urgently prior to the full set of background checks, including a DBS, had been completed. Similarly, the risks associated with responding to emergencies had not been fully considered in relation to the lack of an AED.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so.

We found staff to be hard working, caring towards the patients and committed to the work they did. We found the principal dentist provided effective clinical leadership to the dental team.

The trainee dental nurses told us they enjoyed their work and were supported by the principal dentist. They understood the systems for training reviews and feedback; they were focussed on meeting high standards by the end of their training period.

Learning and improvement

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that the dentist was working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

The practice had completed clinical audits of infection control in line with current guidance. However, no such audits had taken place for X-ray quality or dental care records. Improvements could be made to develop a more co-ordinated approach to the use of audits as tools for monitoring and improving the quality of the service.

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

The practice gathered feedback from patients through the NHS 'Friends and Family Test'. The majority of feedback was positive about the quality of care received. The principal dentist described an example of when they had taken action in response to some negative feedback around waiting times in the reception area. This had led them to review the appointments system and discuss time keeping with the staff with a view to improving the practice's performance in this area.

Staff told us that the principal dentist was open to feedback regarding the quality of the care. The feedback and review system through their training course, as well as the regular staff meetings, provided appropriate forums for staff to give their feedback.