Mr. Neil Macpherson

Chelwood Dental Practice

Inspection Report

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Roundhay
Leeds
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Website: no website

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Ratings

Overall rating for this service	No action ✓
Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive?	No action ✓
Are services well-led?	No action ✓

Overall summary

We carried out an announced comprehensive inspection on 5 October 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?

Summary of findings

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

Background

Chelwood Dental Practice is situated in Roundhay, which is a district of Leeds, West Yorkshire. It offers mainly NHS dental treatment to patients of all ages. They also provide private treatment including cosmetic dentistry. The services include preventative advice and treatment and routine restorative dental care.

The practice has two surgeries, a decontamination room, a waiting area and a reception area. All of the facilities are on the ground floor of the premises along with accessible toilet facilities.

There are three dentists, four dental nurses (one of whom has recently qualified) and one receptionist. One of the dental nurses is also the practice manager.

The opening hours are 8am to 1pm every weekday morning, 2pm to 7pm Monday to Wednesday and 2pm to 5.30pm on Thursdays and Fridays. When the practice is closed, calls are transferred to the NHS 111 service.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

During the inspection we received feedback from 25 patients. The patients were positive about the care and treatment they received at the practice. Comments included that staff were friendly and efficient. Several patients commented that the practice was clean. They also commented that they were able to get appointments when they needed them, including same day appointments and staff spent time explaining treatment options.

Our key findings were:

- The practice had been renovated to a high standard and was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff.
- There was a warm and welcoming feel to the practice.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.

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

- Review stocks of medicines and the system for dispensing and identifying and disposing of out-of-date stock.
- Review it's responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The provider had effective systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, the management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints.

Staff had received training in safeguarding adults and children, knew how to recognise the signs of abuse, and who to report them to.

Staff were appropriately recruited, suitably trained and skilled; there were sufficient numbers of staff. We saw a detailed induction process was in place for new staff. Regular staff appraisals were carried out.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in responding to medical emergencies.

The premises was secure and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

We noted that the COSHH folder was due to be reviewed. This was brought to the attention of the practice manager and registered provider on the day and we were told they would be addressed.

We also saw that the practice did not have a robust system to monitor antibiotics prescribed on a private basis. All antibiotics were in date. This issue was raised on the day and we were told this would be addressed.

Are services effective?

No action

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

The dentists followed current guidelines when delivering dental care and treatment to patients. This included assessing and recording their medical history. Patients received an assessment of their dental health, and treatment provided focused on their individual needs. Patients' consent was obtained before treatment was provided. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved. The practice kept detailed dental records.

The dentists provided oral health advice and guidance to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Summary of findings

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received training appropriate to their roles.

Are services caring?

No action

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

Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had private rooms available if patients wished to speak in private.

Patients were provided with information regarding their treatment and oral health. Patients commented that information given to them was helpful. We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced.

Are services responsive to people's needs?

No action

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice and in the practice leaflet.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentist to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users. Staff had access to interpreter services where patients required these.

The practice had a complaints policy in place which was displayed in the waiting room. Complaints were thoroughly investigated and responded to appropriately.

Are services well-led?

No action

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

The provider had effective systems and processes in place for monitoring and improving services.

Summary of findings

The practice had a management structure in place, and some of the staff had lead roles. Staff were aware of their roles and responsibilities. Staff reported that the provider was approachable and helpful, and took account of their views. The culture of the practice encouraged openness and honesty. Staff told us they were encouraged to raise any issues or concerns.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks. We saw that these were regularly reviewed.

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement, for example, learning from complaints, audits, and patient feedback. We found the dentists and staff had a strong emphasis on learning and continuous improvement. For example, regular attendance at deanery training sessions.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The practice met regularly, and shared information to improve future practice and gave everybody an opportunity to discuss any concerns or issues.

Chelwood 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser. The inspection was supported by a second CQC inspector.

We informed local NHS England area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

During the inspection we recieved feedback from 25 patients. We also spoke with members of the dental team including dentists, dental nurses and the receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service. We also reviewed other relevant information the practice provided before and during the day of inspection.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We reviewed the significant events which had occurred in the last 12 months. These had been well documented and analysed. Any accidents or incidents would be reported to the practice manager and would also be discussed with individuals and at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The provider had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. We saw evidence that these were actioned if necessary and were the stored for future reference. However, there was no facility for staff to receive alerts when the practice manager was absent. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. We saw evidence that the principle dentist and practice manager were also booked to attend a level three course.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safer sharps system, a protocol whereby only the dentist handles sharps and guidelines about responding to a sharps injury (needles and sharp instruments).

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw that patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines which were organised and clearly labelled by type of emergency. Staff knew where the emergency kit was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF.

The practice had an Advisory External Defibrillator (AED) to support staff in a medical emergency. (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).

Records showed regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full, the AED battery was fully charged and the emergency medicines were in date. The emergency oxygen was due to be re-filled shortly after the inspection and staff were unaware that the oxygen tanks had an expiry date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and

professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. 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. These included health and safety, infection prevention and control and control.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. The COSHH file had not been reviewed recently and some of the risk assessments were for materials no longer used by the practice. There were also some risk assessments for certain substances missing. For example, acid etch which is used to prepare the tooth surface for adhesive procedures. The practice manager gave assurance that the file would be updated.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about 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)'. One of the dental nurses was the infection control lead and was responsible for overseeing the infection control procedures within the practice. They ensured that records related to decontamination processes were retained and records were maintained of occasions where staff cleaned instruments manually.

Staff had received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff. The practice manager was also a dental nurse and assisted the dentists on occasion. Their immunisation record showed an inadequate response to the immunisation. They took immediate action after the inspection to contact their GP to carry out a risk assessment and receive further immunisations if necessary.

We observed the treatment rooms and the decontamination room to be clean and hygienic and patient comments aligned with these observations. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, and not overfilled. We noted that one of the sharps boxes had not been signed and dated at the time of assembly. We brought this to the attention of the practice manager. We observed waste was separated into safe containers and stored securely for disposal by a registered waste carrier and appropriate documentation retained. The practice had the facility to launder all staff uniforms at a minimum of 60 degrees. We noted there was a plentiful supply of clean uniforms in the staff room.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance and there was direct access from both surgeries. An instrument transportation system had been

implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. Staff knew how to recognise items which were single use and these were disposed of appropriately after one use.

The dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfector to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave (a device for sterilising dental and medical instruments). Instruments were appropriately bagged and stamped with a use by date one year from the day of sterilisation. We observed a system to suspend bagged instruments from racks to enable staff to select the appropriate instrument with minimal handling. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear. Staff also disinfected items that were returned from the dental laboratory. For example, dentures. They kept a record of when this was carried out.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted. Although the practice had only one autoclave, a service contract was in place which included a same day and replacement service to ensure the continuity of services.

The practice carried out six monthly Infection Prevention Society (IPS) self- assessment audits relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). The most recent one was completed in June 2016. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. As a result, the practice had taken action to cover computer keyboards in clinical areas and provided hand cream for staff.

Records showed a risk assessment process for Legionella had been carried out in January 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month. We saw evidence that staff had received additional legionella awareness training to understand the risks and undertake regular checks. Staff described to us the process to disinfect the dental water lines and suction unit. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclave, washer disinfector and the compressor. The practice manager maintained a comprehensive list of all equipment including dates when equipment required servicing. We saw evidence of validation of the autoclaves, washer disinfector and the compressor. Portable appliance testing (PAT) had been completed in 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw that the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Prescriptions were stamped only at the point of issue. The practice also dispensed antibiotics for private patients. These were kept locked away. The practice was not maintaining a log of which antibiotics had been dispensed, when new stock arrived and when stock was due to go out of date. The practice manager gave assurance that this would be introduced. All of the antibiotics in stock were in date.

Radiography (X-rays)

The practice had a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. The practice had access to a Radiation Protection Advisor (RPA) when necessary and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules which were specific to the practice were available in both surgeries for

Are services safe?

staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken. The practice did not have documentation relating to radiography together in a radiation protection file. They were in the process of appointing a contracted Radiation Protection Advisor Radiation Protection Advisor who would be able to assist them to compile a radiation protection file.

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease, their past history and social factors including smoking.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies. Patients signed to confirm any changes using an electronic pad. The dentists used markers on patients' notes to alert them if there were any medical conditions which could affect treatment, for example, if they were on blood thinning medicines.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, quality assurance of each x-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health and the synergistic effects of smoking and alcohol with regards to oral cancer. There were health promotion leaflets available in the waiting room to support patients and patients

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included familiarisation with the premises, policies and procedures, training on the relevant equipment and shadowing existing members of staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. We saw evidence that staff also regularly attended training provided by the Yorkshire and Humber dental deanery.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered provider or practice manager at

Are services effective?

(for example, treatment is effective)

any time to discuss continuing training and development as the need arose. One of the dental nurses had recently qualified. They told us that they received support from the dental team during their studies.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation. We saw evidence that patients were given a choice of where they could be referred and they had the option of being referred privately for treatment.

The dentists completed electronic referrals, detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

The practice maintained a log of all referrals which had been sent. This allowed them to actively monitor their referrals.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentists described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed, the associated costs and any potential risks related to the treatment. Patients were given time to consider and make informed decisions about which option they preferred. The dentists were aware that a patient could withdraw consent at any time. Patients' comments aligned with these findings.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment. The waiting room was separate from the reception area which helped to maintain confidentiality.

We observed staff to be helpful, discreet and respectful to patients. Staff told us that if a patient wished to speak in private an empty room would be found to speak with them. Staff took the decision to open the doors 10 minutes earlier than the start of the afternoon session after a patient had been left standing outside in the cold.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available in the practice information leaflet and on notices in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day and information about how to access urgent appointments was clearly displayed in the waiting area. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. Patients' comments confirmed that the practice were responsive to requests for urgent appointments.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a ramp to access the premises and a ground floor accessible toilet. The ground floor surgeries were large enough to accommodate a wheelchair or a pram. The registered provider had installed dental chairs which were easier for patients who had mobility difficulties to sit on. The practice also had a hearing loop.

Access to the service

The practice displayed its opening hours on the premises and in the practice information leaflet. The opening hours are 8am to 1pm every weekday morning, 2pm to 7pm Monday to Wednesday and 2pm to 5.30pm on Thursdays and Fridays. When the practice is closed, calls are transferred to the NHS 111 service.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service, displayed in the waiting area and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practice's policy and to the patient's satisfaction. The practice kept a detailed log of any complaints which had been raised. This included the nature of the complaint, the date it had been acknowledged, the date a response had been provided and a conclusion including any actions taken as a result. Any complaints would be discussed at staff meetings (if appropriate) in order to disseminate learning and prevent recurrence. We saw that complaints were used to improve the quality of service being provided. It was evident that positive actions were sought from complaints.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within two working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The practice manager and the principal dentist were responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to health and safety, fire safety and legionella.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident when we looked at the complaints they had received in the last 12 months.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held bi-monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as incidents, hand hygiene, maintenance of equipment and audits.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as X-rays and dental care records. We looked at the audits and saw that the practice was performing well.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. The practice paid for staff to attend training including CPD events which covered much of the core CPD.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys. The satisfaction survey included questions about access to appointments. We saw positive comments that patients had made on the survey forms.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients were satisfied with the dentistry they had received.