

Willerby Dental Care Limited

Willerby Dental Care Limited

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 May 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

Willerby Dental Care Limited is located on Kingston Road, Willerby and provides dental treatment to NHS and private patients. The surgeries are all accessible by service users with restricted mobility. The practice is all on the ground floor and has ramp access at the front of the building. Car parking is available for three cars. The practice has a reception area, a waiting room, a decontamination room and separate sterilisation room connected by a hatch. There are patient toilets, a staff room and office.

There are three dentists (the owner, and two associate dentists), a dental hygiene therapist and four dental nurses, one of which works on reception.

The practice is open:

Monday, Wednesday, Thursday and Friday 08:00 – 17:00

Tuesday 09:00 – 18:00

The principal dentist 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.

Summary of findings

On the day of inspection we received 26 CQC comment cards providing feedback and spoke to three patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be polite, helpful, caring, and professional and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the weekly check protocol for the medical emergency drugs and equipment to ensure all equipment is in date and the recommended type.
- Review the practice protocol and ensure the practice implements a fire risk assessment.
- Review the practice's protocol for undertaking audits of infection prevention and control, dental care records and X-rays at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points so the resulting improvements can be demonstrated.
- Review the complaints policy to make it accessible to patients, ensure all external agencies are referred to within the policy and time frames of when a response will be in place incorporated. Implement a process to track complaints more effectively. And ensure they have been responded to in line with the policy.
- Review the practice protocol for referrals ensuring adequate information is in place to treat patients' requirements.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. The practice oxygen cylinder was due to be serviced in 2015 and they did not hold a portable suction device or buccal midazolam to be in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. This was brought to the attention of the practice manager and they placed an order and evidence was sent to the inspector.

We saw all staff had received training in infection prevention and control. There was a decontamination room and a separate sterilisation room joined by a hatch and guidance for staff on effective decontamination of dental instruments was clearly displayed.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team. The practice safeguarding lead had completed the required training.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

The practice had undertaken a legionella risk assessment in May 2016 and the practice manager was working through the required action plan. The practice was due to implement the recording of water temperatures in line with the new assessment.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention. The staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment option and relevant X-rays. The records we checked did not always grade and justify the reasons for taking the X-ray, however this information was saved elsewhere. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Summary of findings

Are services caring?

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

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which they understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred.

Comments on the 26 completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be polite, helpful, caring, professional and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice was fully accessible by a permanent ramp and patient car parking at the front of the practice for patients in a wheelchair or patients with limited mobility; they also worked closely with local practices that could not facilitate wheelchairs to help accommodate them locally.

The practice had a complaints process which was easily accessible to patients who wished to make a complaint. The practice manager recorded complaints and cascaded learning to staff. We discussed this process with the practice manager to ensure a more robust process was implemented. The practice also had patients' advice leaflets and practice information leaflets available on reception.

Are services well-led?

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

Staff told us the registered manager and practice manager were approachable, they were able to raise issues or concerns at any time and they felt supported in their roles. The culture within the practice was seen by staff as open and transparent.

There was a clearly defined management structure in place. The registered manager and practice manager were responsible for the day to day running of the practice.

The practice sought feedback from patients in order to improve the quality of the service provided. All comments had been reviewed and actioned or added to an action plan for the practice to review over the year.

The practice had undertaken some clinician specific annual audits for X-rays and patient dental care records to monitor their performance and help improve the services offered.

Willerby Dental Care Limited

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 carried out on 26 May 2016 and was led by a CQC Inspector and a specialist dental advisor.

We informed NHS England area team and Healthwatch North Yorkshire that we were inspecting the practice; however we did not receive any information of concern from them

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the registered manager/principal dentist, the practice manager, the dental hygiene therapist and two dental nurses. We saw policies, procedures and other records relating to the management of the service. We reviewed 26 CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months: evidence of historical events was available to show they had been processed in accordance with the practice policy. The practice also recorded significant events and there were no events that had been reported over the past 12 months.

The practice manager told us they received emails from the MHRA web site for alerts and they would only share alerts that were relevant to dentistry. The Medicines and Healthcare products Regulatory Agency (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)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was an allocated lead for safeguarding and they were up to date with their training. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The principal dentist told us they routinely used a rubber dam when providing root canal treatment to patients.

Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth in line with guidance from the British Endodontic Society.

On the day of the inspection we did not see evidence of a whistleblowing policy, evidence was sent after the inspection to show a policy was in place. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered manager or practice manager.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (an AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. All staff knew where these items were kept. We found the practice did not have a portable suction device or hold any medicine to provide emergency care for seizures or epilepsy. The medical oxygen cylinder was due for service in 2015 and this had not been followed up. This was brought to the attention of the practice manager and evidence of an order was sent to the inspector.

We saw the practice kept logs which indicated the medical emergency drugs, equipment, medical oxygen cylinder and AED was checked weekly. This ensures the equipment is fit for use and the medicines were within the manufacturer's expiry dates.

Staff recruitment

The practice had a recruitment policy in place and a process had been followed when employing the newest member of staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. The newest member of staff had a recruitment file with and induction check list included. All recruitment files were kept by the practice manager.

Are services safe?

We saw all staff had been checked by the Disclosure and Barring Service (DBS). 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.

We recorded all relevant staff had personal indemnity insurance (dental professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on clinical waste management and manual handling. We saw this policy was reviewed in May 2016.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had not been a specific fire risk assessment completed for the practice; however we saw the fire extinguishers were regularly serviced and had been serviced in October 2015. There was evidence that a fire drill had been undertaken with staff in February 2016. These and other measures should be taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination room and separate sterilisation room that was connected by a hatch, both rooms were set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

There were two sinks for decontamination work in the decontamination room and a separate hand washing sink. All clinical staff were aware of the work flow in the

decontamination room and sterilisation room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The decontamination nurse and dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in a washer disinfectant, examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that they were functioning properly.

We saw from staff records all staff had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap and paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely. The registered manager had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B. Not all staff members had evidence of blood tests for the presence of the Hepatitis B antibody. This was brought to the attention of the practice manager to review. It is recommended that 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

Are services safe?

acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff.

The practice had completed a legionella risk assessment in May 2016 and were working to action and issues raised with in the report. Hot and cold water temperature checks were due to be implemented any staff training was being sought. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw that Portable Appliance Testing (PAT) had been undertaken in May 2016.

(PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in October 2015 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressor and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The practice prescriptions were only printed or stamped at point of issue.

Radiography (X-rays)

The X-ray equipment was located in both surgeries. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how each X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The practice manager told us they had not fully undertaken an annual quality audit of the X-rays taken, that was clinician specific. The audit we reviewed on the day of the inspection was not in line with the recommendations of the NRPB guidelines and no action plans or learning outcomes were in place to improve and repeat the audit. Evidence was later sent to the inspector to show the results had been collated and actions plans implemented.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment and were aware of the recognised guidance from the Faculty of General Dental Practice (FGDP). The assessment was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentist told us they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

During the course of our inspection we discussed patient dental care records with the dentist and hygiene therapist and reviewed dental care records to confirm the findings. We found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded. We observed a more in depth referral process was required for the hygiene therapist to work in line with a prescription.

At subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists and dental hygiene therapist were aware of the patients' present medical condition before offering or undertaking any treatment.

The principal dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and

explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' dental care records.

Patients' oral health was monitored throughout the practice including referrals to the dental hygiene therapist and if a patient had more advanced gum disease a more detailed inspection of the gums would be undertaken with supporting preventative advice. This was followed up accordingly; these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentists were following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the private fees for treatment.

The principal dentist told us they offered patients oral health advice and fluoride varnish annually for children. The staff told us they were aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this includes fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay and evidence of this was seen in the patient dental care records.

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a preventative appointment with the hygiene and therapist where they were given a detailed diet advice leaflet which included advice about tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

Are services effective?

(for example, treatment is effective)

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the principal dentist and saw in dental care records that smoking cessation advice was given to patients who smoked.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had access to on-going training to support their skill level and 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. Staff told us they felt they should be supported more to ensure they complete their mandatory training and given the opportunity to complete further courses to support the practice. The registered provider had allocated times through the week where no patients were booked to help accommodate this.

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 manager or practice manager at any time to discuss continuing training and development as the need arose although this was not always followed up.

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 NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including sedation.

The dentists completed 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 referring dentist to see if any action was required and then scanned in the patient's dental care records.

The practice also had a process for urgent referrals for suspected malignancies; this included sending a fax to the local hospital where patients could be fast tracked under a two day response.

The practice kept a log of all referrals which had been sent.

Consent to care and treatment

Patients were given appropriate 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. Staff 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 were clear about involving children in decision making and ensuring their wishes were respected regarding treatment, and they were aware of Gillick competency.

Some staff had completed training and all 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 and a treatment plan was signed by the patient. The dentists told us that individual treatment options, risks, benefits and costs were always discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us 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. We observed staff were helpful, discreet and respectful to patients. Staff said if a patient wished to speak in private, an empty room would be found to speak with them.

CCTV cameras were in operation throughout the practice apart from clinical areas and during the inspection we found CCTV signage was in place to ensure patients were aware of this. The practice had a policy, risk assessment and registration with the Information Commissioning Office (ICO).

Patients' electronic care records were password protected and regularly backed up to secure storage. The practice also had removable hard drives that were removed from the site every night.

A selection of magazines was available and children books and toys were also available.

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.

The practice had a range of information available on the practice website, this included information about prevention with detailed advice on oral health and how the practice could help individual patients. The practice also provided orthodontic treatments, six month smiles and devices to help with snoring and tooth clenching; information pages were available for all treatments provided at the practice.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option and give out supporting information sheets if required.

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 patients who requested an urgent appointment would be seen the same day. Slots were blocked out each day and if these had been filled the reception staff and dentist reviewed the day list and discussed when would be convenient for the patient to attend.

The practice manager told us they had patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested. A variety of leaflets were also available in the reception and waiting areas too.

The patients commented on the CQC comment cards 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

Reasonable adjustments had been made to the premises including a permanent ramp to access the practice and handrails and alarms in the toilets. Both surgeries could accommodate a wheelchair or pushchair. The staff worked closely with local practices to provide access to patients who required a ground floor surgery.

The practice had an equality and diversity policy to support staff. The practice also had access to translation services for those whose first language was not English.

Access to the service

The practice displayed its opening hours on a display board outside the premises, in the practice information leaflet and on the practice website.

The opening hours are:

Monday, Wednesday, Thursday and Friday 08:00 – 17:00

Tuesday 09:00 – 18:00

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day. The patients told us when they had required an emergency appointment this had been organised the same day. Patients who had an emergency out of working hours were signposted to the telephone answering machine where they were directed to the NHS 111 service or an on call number for private patients.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. 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.

We reviewed the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. The practice had received three complaints in the last year and we saw evidence all complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint within two working days and providing a formal response within 14 days. A discussion took place with the practice manager that a more detailed protocol should be implemented to show the timeline of when a complaint was responded to and the outcome of the complaint so they can be monitored more effectively.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice.

The practice had completed some annual X-ray audits however action plans and learning outcomes were not always in place to continuously improve the procedure and reduce the risk of re-taking of X-rays. The last audit completed, the results were not collated and were not set out in guidance from the National Radiological Protection Board (NRPB). The results were later collated and evidence was seen by the inspector to show this had been rectified.

The infection prevention and control audit had been completed in May 2016; HTM 01-05 states that an audit of the practice's infection prevention and control processes should be conducted every six months. This was brought to the attention of the practice manager to review the process and review any action that may be highlighted from the audit.

Leadership, openness and transparency

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 were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us the practice manager was approachable, would listen to their concerns and would act appropriately. We were told there was a no blame culture at the practice.

The registered provider and practice manager were aware of their responsibility to comply with the duty of candour and told us that they preferred to address any concerns or issues immediately should they arise.

Learning and improvement

The practice maintained records which showed that all staff were up to date with their training. We saw staff had personal files and these showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff stated they felt time was not set aside to complete sufficient training in order to undertake their current roles or to give them the opportunity to extend their roles. The practice manager had allocated time slots available during the week where no patients were booked in to resolve this.

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

The registered provider explained the practice had a longstanding relationship with their patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The last results showed that of the 13 patients who responded 100% would recommend the practice. 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.

We saw the practice held practice meetings and shared communication notes through the computer system. All practice meetings were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. On the day of the inspection the notes and meeting minutes were not easily accessible and staff did not always review the day note to see if they had missed any shared practice information. The practice manager assured us everyone had access to the notes and any concerns would be shared on a daily basis if required.