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Perton Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 April 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 regulation

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 some systems in place to keep patients safe. These included systems for reporting and learning from incidents and staff were encouraged to raise concerns. There was suitable equipment and medicines to deal with medical emergencies and all emergency equipment was checked. Staff had received training to know what to do in a medical emergency or if a patient needed first aid. Cleaning schedules for the premises and infection prevention and control procedures were in place, however these were not in line with national guidance. We saw that hand washing facilities were available however there was no hot water to ensure good hand hygiene practises could be carried out. Instruments were cleaned and sterilised effectively and staff wore personal protective equipment in line with recommended Department of Health guidance. Health and safety assessments related to the premises which included fire risk assessments and a legionella risk assessment had been carried out. Staff files showed that safe recruitment practices had been followed.

Equipment at the practice was well maintained and regularly serviced. There were some documents the practice did not have to confirm the safety of radiography equipment (used to take dental X-rays) at the time of the inspection. The practice addressed these issues within 48 hours of the inspection and provided evidence to confirm this. The practice followed guidance related to safe sharps systems and the use of rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments during root canal work).

Are services effective?

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

The practice could demonstrate they followed relevant guidance, including that issued by the National Institute for Health and Care Excellence (NICE). The practice maintained appropriate dental care records and details were updated appropriately. 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. There were systems in place for recording written consent for treatments. Staff understood the importance of working within relevant legislation when treating patients who may lack capacity to make decisions. The practice worked well with other providers and followed patients up to ensure that they received treatment in good time. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration. Staff files were available to confirm all staff had kept up to date with training and received annual appraisals to review their professional development.

Are services caring?

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

Staff ensured patients were kept involved in the planning of their care and treatment. We collected 45 completed Care Quality Commission (CQC) patient comment cards. All the comments we received provided a positive view of the service the practice provided. Patients commented that the quality of care they received was very good. Patients commented that all the staff were helpful and caring and that all treatment options were explained to them.

Summary of findings

Are services responsive to people's needs?

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

Patients had good access to appointments, including urgent and emergency appointments when required. The practice provided patients with written information in a format they could understand and had access to telephone interpreter services if needed. The practice was unable to provide level access to the practice for people with mobility difficulties, people who used wheelchairs and families with prams and pushchairs. This was because the practice was located on the first floor of the building and was only accessible by a flight of stairs. The practice ensured that potential patients were aware of this and signposted them to other dental practice that would be more accessible to their needs. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. The practice's information leaflet provided details about opening times, appointment arrangements and emergency treatment when the practice was closed.

Are services well-led?

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

The practice had a number of policies, systems and processes in place, which had been reviewed to ensure that they were up to date. The practice had robust clinical governance and risk management structures in place. The practice was completing six monthly audits of infection prevention and control arrangements to ensure these were maintained in accordance with guidance from the Department of Health. The staff we spoke with described good leadership. They reported they felt listened to, well supported and could raise any concerns with the dentist. All the staff we met said that the practice was a good place to work. We found that staff received appropriate professional development. There were systems in place to share learning about complaints or incidents and the practice used these to make improvements to patients care. The practice had arrangements in place to obtain the views of patients who used the service so that they could use these to make improvements.

Perton Dental Practice

Detailed findings

Background to this inspection

Background

Perton Dental Practice is a family practice providing private treatment for adults and NHS treatment for young adults and children under the age of 18 years. The practice is situated on the first floor of a building which provides a suite of rooms suitable for use as a dental practice. The practice is situated off a main road in Perton, a residential area of South East Staffordshire. The dental practice is only accessible via a flight of stairs. This means that it is not easily accessible by people with mobility difficulties, people in wheelchairs and families with prams or pushchairs.

The practice has one dentist who is also the owner of the practice. The dentist is supported by two dental nurses, a dental hygienist and a receptionist. The practice is open from 9am to 6pm Monday to Thursday, Friday 9am to 11pm and Saturday by appointment only. The practice is closed Monday to Friday between the hours of 1pm and 2pm for lunch.

The dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive. Patients said they received a good service from the practice. Further comments said that the dentist was professional, listened to their needs and staff provided clear explanations with a caring attitude.

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

The inspection took place on 11 April 2016. It was led by a Care Quality Commission (CQC) inspector who was supported by a dental specialist advisor. Before visiting, we reviewed a range of information that we held about the practice. During the inspection, we spoke with the dentist, dental nurses, reception staff, spoke with patients who used the service and reviewed policies, procedures and other documents. We received 45 comment cards which were all positive. Patients we spoke with said they received excellent care, staff were very helpful and friendly at all times.

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.

Our key findings were:

- Staff understood their responsibilities to report and record incidents. All incidents were discussed and used for shared learning.
- The practice was visibly clean and clutter free.
- Patients commented that they were listened to and their proposed treatment was explained to them in a way they understood.

Detailed findings

- The practice asked patients for feedback on the services they received.
- Staff were well trained, knowledgeable and attended regular training appropriate to their individual roles.
- The practice had enough staff to deliver the service.
- The practice had good facilities and was well equipped to meet the needs of patients.
- Patients said that they found it easy to make an appointment and information was available on how to make an appointment in an emergency.
- The practice sought feedback from patients and staff about the services provided, which it acted on and feedback from both groups was consistently positive
- Information about the service, which included how to complain, was available and easy to understand.
- There was a clear leadership structure and staff felt supported by the management.

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

- Review the practice's processes for recording information to be shared with staff which also demonstrates learning and improvements made, giving due regard to current legislation and guidance.
- Review the systems in place for keeping the practice clean and safe giving due regard to the National Patient Safety Agency cleanliness specifications for dental premises.
- Review the provision of hot water at the practice to ensure good hand hygiene practises are carried out giving due regard to the Workplace (Health, Safety and Welfare) Regulations 1992 related to washing facilities.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the records that are maintained related to the qualification of people employed giving due regard to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure the required specified information in respect of persons employed by the practice is held.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place for reporting and learning from significant events. Significant events can be described as occurrences that can have a positive or negative outcome for patients. They were able to describe the action they would take if any incidents, accidents or untoward events occurred and they were all aware of the process for reporting events that occurred. Staff told us that there had been no significant events over the past 12 months. The dentist told us that they received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) via email and passed this information to staff at practice meetings. Formal minutes of meetings were not maintained. We saw that notes were written in a book which showed that regular practice meetings were held. Information recorded was not robust to show for example, who was present, topics discussed or any action to be taken. Records we looked at did not show that occurrences or learning that could have a positive or negative outcome for patients were discussed.

The practice policy included ensuring that when there were unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology and were told about any actions taken to improve processes to prevent the same thing happening again. A duty of candour was evident and encouraged through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the lead for safeguarding within the practice. Arrangements were in place to safeguard children and vulnerable adults from the risk of harm that reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

Staff demonstrated they understood their responsibilities. Training records showed that staff had not received training relevant to their role. We saw documents to confirm that appropriate training had been booked for staff to attend in June 2016. We spoke with staff about the actions they would take if they had concerns about a child or vulnerable adult displaying signs of neglect or abuse. Staff were able to describe the appropriate actions they would take. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

There was a procedure for dealing with sharps and staff were aware of the practice procedure. However the systems and processes for the safe handling and disposal of sharps, sharps waste and equipment did not conform to The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. For example, the practice did not use a needle guard system to assist in recapping a used needle without using the hands. These procedures protected staff against blood borne viruses. After the inspection (48 hours) the practice provided information to confirm that a copy of the regulations had been obtained, the practice policy, procedure updated, a sharps safety obtained and risk assessments completed to minimise and mitigate the risk of harm to patients and staff.

We asked about the use of rubber dam in dental treatment. The dentist explained that root canal treatment was carried out using rubber dam. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of rubber dam.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice followed guidelines about how to manage emergency medicines. The BNF is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines. Appropriate equipment for staff to use in a medical emergency was available and included an automated external defibrillator (AED), suction (to clear an airway) and oxygen. (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). Staff had checked the AED to ensure that it was working and readily available.

The practice had emergency medicines to treat conditions such as anaphylaxis (allergic reaction) and hypoglycaemia (low blood sugar). We saw that most of the emergency medicines were stored in a suitable cupboard however the cupboard was not locked to ensure the medicines were stored securely. We spoke with the dentist about this who recognised that this was not acceptable. The dentist arranged for a suitable lock to be fitted to the cupboard and systems were put in place to ensure the cupboard was locked at all times to ensure the security of the medicines. We received confirmation that this action had been taken the day after the inspection. We saw that the medicine used to treat hypoglycaemia was stored in the same refrigerator as food products. This was removed immediately and stored appropriately. The expiry dates of medicines were regularly checked which enabled staff to replace out of date medicines. We saw that all medicines were in date. Emergency equipment was also checked regularly. Staff we spoke with knew the location of the emergency equipment and how to use it. Training records showed that staff had received annual basic life support training.

Staff recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to a staff member commencing employment. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The dentist, dental nurses and dental hygienist had current registration with the General Dental Council, the dental professionals' regulatory body. Staff recruitment records were stored securely in a locked cabinet to protect the confidentiality of staff personal information.The practice had undertaken criminal records checks through the Disclosure and Barring Service (DBS) on all staff. (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 found that there was very little information held at the practice to confirm the qualification and any updates of the dental hygienist.

Monitoring health & safety and responding to risks

The practice had completed some required risk assessments which included up to date risk assessments for the Control of Substances Hazardous to Health (COSHH) 2002. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. The risk assessments contained details of the way substances and materials used in dentistry should be handled and the precautions to be taken to prevent harm to patients and staff. Other assessments completed included radiation and fire safety and general health and safety. All staff had been trained in fire safety, however information was not available to show that the practice carried out regular testing of firefighting equipment and warning systems.

The practice had a business continuity plan in place to deal with events that may disrupt the operation of services. The plan contained details of actions to take in the event of equipment failure, issues with premises or staffing difficulties.

Infection control

We observed that the processing of contaminated instruments was meeting the requirements of the Department of Health – Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) (national guidance for infection prevention control in dental practices) essential quality requirements. There was a separate decontamination room for instrument processing. The dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system from dirty through to clean. When instruments had been sterilised, they were pouched and stored until required. We noted that pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. We saw that records were maintained to demonstrate that the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

We saw that the dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Each treatment room had the appropriate routine personal

protective equipment available for staff use. We saw that hand washing facilities were available which included liquid soap and paper towels however there was no hot water to ensure good hand hygiene practices. We observed that general environmental cleaning was carried out however a cleaning plan had not been developed in line with the National Patient Safety Agency specifications for cleanliness in dental premises. The practice had ensured that the immunisation status of all staff had been checked this included determining their Hepatitis B status. Records we looked at showed that infection control audits had been carried out at six monthly intervals. The practice separated and stored waste appropriately. For example, clinical and domestic waste were separated and stored in line with requirements.

Staff showed us the processes in place for flushing water lines to help minimise the risk of legionella. Legionella is a particular bacterium which can contaminate water systems in buildings. The practice had completed a risk assessment for the management, testing and investigation of legionella.

Equipment and medicines

We saw suitable records to demonstrate the calibration, testing, servicing and inspection of equipment within the practice. Staff were able to demonstrate the safe and effective use of equipment in operation including X-ray, instrument cleaning and sterilising machines. The number of sterilised instruments available for use was sufficient for patients and sterilised instruments were packaged, dated and stored in accordance with guidance in HTM01-05.

Medicines used in dental procedures were stored in accordance with manufacturers' guidelines. Blank prescription forms were stored securely and tracked to ensure they were securely maintained. All of the medicines we checked were in date and their use was recorded and audited. We saw that most medicines with the exception of emergency medicines were securely stored. The owner of the practice had corrected this within 48 hours and ensured that the area where emergency medicines were stored was locked.

Radiography (X-rays)

The practice had written procedures and carried out risk assessments to minimise the risk of harm from radiation to staff, visitors and patients. The practice had collated some of the information required in a radiation protection file. The names of the Radiation Protection Advisor and the Radiation Protection Supervisor were identified in the file. However the radiation protection file lacked some information to demonstrate that the practice fully conformed with the legislative requirements of the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). Information to confirm that the Health and Safety Executive had been notified that the current dentist planned to undertake ionising radiation activity was not available. Critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules were not available. These were discussed with the dentist and information was received the day following the inspection to demonstrate that action had been taken to address all of the issues above.

Radiological audits for the dentist had been carried out. The audits demonstrated that X-rays taken were clinically necessary and also that when an X-ray had been taken the quality of the image was acceptable and could be used in the diagnosis and development of a treatment plan. This information was also documented in individual dental care records. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw all staff had received training in operating safely in the X-ray area. The dentist who used the equipment had been appropriately trained and had attended sessions to update their skills.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentist described how patients' needs were assessed and their care and treatment planned and delivered in line with their individual dental treatment plan. The dentist used nationally recognised guidelines to base treatments on and develop longer term plans for managing patients' oral health. All patients completed a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered at their first appointment. We saw evidence that the medical history was updated at subsequent visits. The practice stored detailed information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients in computerised dental care records. Care records confirmed that when a dental X-ray was required the reason for taking it was valid, recorded and quality assured.

Treatment records contained details of the condition of patient's teeth, gums and soft tissues lining the mouth which help to detect early signs of cancer. A dental health assessment was carried out at each appointment and records indicated that patients were made aware of changes in the condition of their oral health. We saw details of the condition of patients' gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

Following their clinical assessment the patient's diagnosis was explained in detail and treatment options discussed with them. Where relevant, preventative dental information was given in order to improve the outcome for the patient. The patient dental care record was updated with the details of the discussion that had taken place. A treatment plan which included the cost involved was then given to each patient. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health.

Assessments completed included asking patients about their smoking, alcohol and sugar intake. Where appropriate staff promoted preventative measures as part of ongoing oral health. Patients were given advice about regular and effective teeth brushing, reducing sugar intake and smoking cessation where appropriate. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums. Patients had access to a range of leaflets explaining how they could maintain good oral health.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. Fluoride varnish provides extra protection against tooth decay when used in addition to brushing. We saw evidence that children and their parents/carers had been given advice on the measures to take to prevent deterioration in their oral health.

Staffing

The practice had sufficient staff employed to meet the needs of patients who used the practice. The clinical team consisted of a dentist, dental nurses and a dental hygienist (employed by the practice one day per week). The dental nurses had made the choice not to undertake extended dental nurse training such as oral health education and taking of X-rays. However all staff at the practice had the skills, knowledge and experience to deliver effective care and treatment.

The dentist and dental nurses working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Staff told us that they were encouraged to attend the training required to maintain their registration with the General Dental Council. We saw evidence of ongoing continuous development (CPD) to meet these requirements. Four staff files showed that training completed by staff included medical emergencies in dental practices, infection control, child and vulnerable adult safeguarding, dental radiography (X-rays).

Working with other services

The dentist explained how they would work with other services. The dentist was able to refer patients to a range of specialists in primary and secondary services, if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed

Are services effective?

(for example, treatment is effective)

by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time. We noted the practice used a referral tracking system to monitor referrals from the practice.

Consent to care and treatment

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. Where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements to ensure decisions about treatment were made in the best interest of the patient. Staff we spoke with had not received training related to the mental capacity act but had an awareness of the act. We saw that training in this topic had been booked for all staff.

The practice had a consent policy. Staff explained how they would support a patient who lacked the capacity to consent to dental treatment. They understood that consent was an ongoing process and a patient could withdraw consent at any time. The dentist explained that they gave patients detailed verbal and written explanation of the type of treatment required, including the risks, benefits and options. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw positive interaction between patients and staff. We observed members of staff were courteous, helpful to patients and treated them with dignity and respect. Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable. For example, staff were clear about the importance of the emotional support needed for patients who were very nervous or phobic of dental treatment. We noted that treatment room doors were closed at all times when patients were with the dentist. Conversations taking place in these rooms could not be overheard. The practice reception was situated in the main waiting area this was an open area which made it unsuitable for private conversations. Practice staff told us that a separate area could be made available for patients to discuss confidential issues in private if required.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 45 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was excellent. Patients commented that treatment was explained clearly and in sufficient detail for them to understand that all staff were caring, professional and put them at ease. These views were aligned with the views of patients we spoke with.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible management options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. The practice patient leaflets provided details of the cost of treatment and entitlements under NHS regulations. The dentist we spoke with ensured that patients were involved when drawing up individual care plans. We saw evidence in the records we looked at that the dentist recorded the information they had provided to patients' about their treatment and the options open to them. All of the patients who provided feedback said they were involved in decisions about their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

On the day of our inspection we saw that patients and visitors were assessed and treated by staff in a professional and timely way. Patients who were new to the practice were asked to complete a comprehensive medical and dental health questionnaire. This enabled the practice to gather important information about their previous dental and medical history.

The practice offered patients a full range of preventative and cosmetic dental treatments. Patients were provided with information about the services they offered in patient information leaflets available in the waiting room. The practice was equipped with appropriate equipment and technology to diagnose and treat patients. When needed the practice referred patients to other specialists. Patients were encouraged to have regular appointments with a hygienist. Children and their parents were invited to participate in dental health sessions to learn how to care for their teeth through diet and maintaining good oral hygiene.

The length of appointments and the frequency of visits for each patient was based on their individual needs and treatment plans. Appointments allowed adequate time for patients to discuss proposed treatment, ask questions and consider alternative treatment options.

Tackling inequity and promoting equality

The practice provided private dental treatment for adults and had an NHS contract to provide treatments for children. The practice had made reasonable adjustments to help prevent inequity for all patients. This included for example access to a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. The practice was unable to provide level access to the practice for people with mobility difficulties, people who used wheelchairs and families with prams and pushchairs. This was because the practice was located on the first floor of the building and was only accessible by a flight of stairs. The practice ensured that potential patients were aware of this and signposted them to other dental practices that would be more accessible to their needs.

Access to the service

The practice offered flexible opening times and was open from 9am to 6pm Monday to Thursday, Friday 9am to 11pm and Saturday by appointment only. The practice was closed Monday to Friday between the hours of 1pm and 2pm for lunch. There were alternative arrangements in place for patients to be seen in an emergency when the practice was closed. Patients were provided with details of who to contact through an answerphone message on the dental practice phone. During practice hours the dentist saw patients who presented with a dental emergency.

Concerns & complaints

The practice procedure for handling complaints contained clear guidance on the process for dealing with complaints appropriately. All of the staff we spoke with were able to describe the practice complaints procedure. We looked at the practice procedure for acting on any complaints or concerns made by patients and found there was an effective system in place which ensured a full investigation and a timely response. Information for patients on how to make a complaint and the process on handling complaints was available for patients within the practice leaflet and in the waiting area.

Are services well-led?

Our findings

Governance arrangements

We found that the practice had a governance framework to support the delivery of the practice's strategy for good quality care however in some areas it needed strengthening to ensure that it was robust.

The dentist supported the dental nurses to address their professional development needs. We found that there was very little information held at the practice to confirm the qualification and any updates of the dental hygienist. The practice had systems in place for the recording and investigation of incidents such as significant events and staff were aware of these. Audits were completed to identify issues where quality and safety may be compromised. Practice meetings were held however it was not clear from the notes made that issues related to governance arrangements were also discussed. Health and safety risk assessments had been conducted to limit risks from the premises and environmental factors. Equipment was serviced and maintained in line with manufacturer's instructions. Staff were aware of their responsibility for checking equipment and ensuring it was fit for purpose.

The dentist and the senior dental nurse were responsible for the day-to-day running of the practice. There was a clear staffing structure and staff were aware of their roles and responsibilities. The practice had a number of policies and procedures to provide guidance to staff.

Leadership, openness and transparency

The staff described the practice culture as supportive, open and transparent. Staff showed that they were proud of their work and that of the staff team. Staff said they felt valued and were committed to the development of the practice. The dentist told us about the arrangements for sharing information with staff. This included both informal discussions and formal practice staff meetings. Brief notes were taken at practice meetings by the dentist which enabled staff that were absent to update themselves on topics that had been discussed and any changes to be made. Staff told us they felt confident about raising concerns or making suggestions. Staff were aware of their rights in respect of raising concerns about their place of work under whistleblowing legislation. We saw that the practice had an up to date whistleblowing policy.

Learning and improvement

We saw that staff had been provided with the necessary training to help ensure a safe environment within the practice. For example, staff attended annual basic life support training.

The dentist and qualified nurses who worked at the practice were registered with the General Dental Council (GDC). Staff working at the practice were supported to maintain their continuing professional development as required by the GDC. Staff told us that they felt supported to develop within the practice and were encouraged and given the time needed to undertake training which would increase their knowledge of their role. Staff had received recent one to one performance assessments and appraisals.

There was evidence of repeat audits at appropriate intervals and these reflected standards and improvements were being maintained. For example infection control audits were undertaken every six months and X-ray audits were carried out in accordance with current national guidelines.

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

The practice encouraged and valued feedback from patients, staff and visitors. The practice had gathered feedback from patients through surveys, a suggestion box and complaints received. Patients had made positive comments related to the quality of services provided. These included access to the practice, appointments, waiting times and the attitude of staff. The practice also used the friends and family test to monitor the views of patients. The results over the past year showed that there were 30 responses over this period. The responses showed that all 30 patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

The practice had an open door policy. Staff were aware that they could raise concerns at any time. Feedback from staff was also gathered through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the dentist. Staff confirmed that they had regular meetings; notes of these meetings were made available for staff that could not attend. Staff we spoke with said they felt listened to.