Dr. Kiran Hanji

Smethwick Dental Practice

Inspection Report

13 Waterloo Road
Smethwick
West Midlands
B66 4JX
Tel: 0121 558 0460

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Overall summary

We carried out an announced comprehensive inspection on 1 March 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

Smethwick Dental Practice is a mixed dental practice providing NHS and private dental treatment for both adults and children. The service is provided by three dentists. They are supported by a practice manager (who is at the practice on a part-time basis), a practice supervisor (who is also part-time), two dental nurses (one of whom is a trainee) and a receptionist.

The practice is located in a busy shopping area. There is a waiting area and treatment room on the ground floor to accommodate patients with mobility difficulties. There is no wheelchair access to the practice; however, patients with wheelchairs can be accommodated at the provider's other practice which is local.

The premises consist of a reception area, waiting room, staff toilet, staff room and one treatment room on the ground floor. There is another treatment room, a storage room, a decontamination room and toilet facilities for patients on the first floor. There is also an office on the second floor. Opening hours are from 9am to 5pm on Monday to Friday. The practice is also open on Saturdays from 9am to1pm.

The practice manager 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.

Summary of findings

Ten patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with patients on the day of the inspection. Overall the information from patients was complimentary. Patients were positive about their experience and they commented that staff were helpful and caring.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding and the management of medical emergencies. We identified some areas of improvement and these were actioned promptly.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- The practice had a structured plan in place to audit quality and safety.
- Staff received training appropriate to their roles.
- Patients told us they found the staff helpful and friendly. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed.
- The practice had an effective complaints system in place and there was an openness and transparency in how these were dealt with.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- The practice demonstrated that they regularly undertook audits in infection control, radiography and dental care record keeping.

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

- Review the practice's procedures related to the monitoring of quality and safety. This includes their fire risk assessment and the practice's recruitment process.
- Review documents to ensure they have the date marked on them for monitoring purposes.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Accidents and incidents in the previous 12 months to our inspection had been documented.

The practice had systems to assess and manage risks to patients, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. It had a recruitment policy to help ensure the safe recruitment of staff; however, not all of the staff files contained two references as stated in the practice's own policy.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medicines issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. Emergency equipment and medicines were in date and mostly in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. One item of equipment was missing, however this was ordered promptly following our inspection.

The practice was carrying out infection control procedures as described in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary dental practices'. We identified some necessary improvements on the day of our visit and these were promptly resolved.

Are services effective?

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

The practice monitored any changes to the patients' oral health and made referrals for specialist treatment or investigations where indicated. Explanations were given to patients in a way they understood and risks, benefits and options were explained. Record keeping was in line with guidance issued by the Faculty of General Dental Practice (FGDP).

The dentists followed national guidelines when delivering dental care. These included FGDP and National Institute for Health and Care Excellence (NICE). We found that preventative advice was given to patients in line with the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Are services caring?

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

On the day of the inspection we observed privacy and confidentiality were maintained for patients using the service. Patient feedback was positive about the care they received from the practice. They commented they were treated with kindness and respect while they received treatment. Patients commented they felt involved in their treatment and it was fully explained to them.

Are services responsive to people's needs?

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

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. They were usually able to see patients requiring urgent treatment within 24 hours. There were clear instructions for patients requiring urgent care when the practice was closed.

There was an effective procedure in place for acknowledging, recording, investigating and responding to complaints made by patients. This system was used to improve the quality of care.

The practice offered access for patients with disabilities; it had one treatment room on the ground floor but no accessible toilet facilities. This information was readily available on the NHS Choices website. We were told that patients with wheelchairs could be accommodated at the provider's other practice which was local.

Are services well-led?

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

There was a clearly defined management structure in place and staff we spoke with felt supported in their own particular roles.

There were several systems in place to monitor the quality of the service including various audits. The practice used various methods to successfully gain feedback from patients. Staff meetings took place on a regular basis and the practice used several methods to obtain feedback from its patients and staff.

Smethwick Dental Practice

Detailed findings

Background to this inspection

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

We inspected Smethwick Dental Practice on 1 March 2016. The inspection team consisted of one CQC inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed NHS England and Healthwatch that we were inspecting the practice. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with the practice manager, the provider, the practice supervisor, one dentist, one receptionist and one dental nurse. We spoke with patients and reviewed CQC comment cards which patients had completed. We reviewed a range of practice policies and practice protocols and other records relating to the management of the service.

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 arrangements for staff to report incidents and accidents. The most recent accident was recorded in July 2015. We were told they were discussed informally with staff members at the earliest opportunity. However, we found no evidence that incidents/accidents were discussed with staff members during practice meetings in the minutes we reviewed.

Staff members we spoke with all understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any RIDDOR reportable incidents in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We were told that the practice had registered with the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager was responsible for obtaining information from relevant emails and forwarding this information to the provider. The provider would then analyse the details and discuss with clinical staff.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult 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 in the practice. Staff members we spoke with were all knowledgeable about safeguarding and all had completed safeguarding training in July 2015. There had not been any safeguarding referrals to the local safeguarding team; however staff members were confident about when to refer concerns.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal, operating field and airway. We were told that rubber dam kits were available at the practice and that all dentists used them when carrying out root canal treatment whenever practically possible. If they were unable to place the rubber dam in certain situations, the dentist described what alternative precautions were taken to protect the patient's airway during the treatment.

The practice had a policy for raising concerns. All staff members we spoke with were aware of the whistleblowing process within the practice. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

Never events are serious incidents that are wholly preventable. Staff members we spoke with were aware of 'never events' and had processes to follow to prevent these happening. For example, they had a process to make sure they did not extract the wrong tooth.

The practice manager had recently introduced a practice policy on the duty of candour but not all staff members had an understanding of the contents. The intention of this duty is to ensure that staff members are open and transparent with patients in relation to care and treatment.

Medical emergencies

The arrangements for dealing with medical emergencies in the practice were mostly in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an Automated External defibrillator (AED) present. 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 did not have arrangements for portable suction as recommended by the Resuscitation Council UK. Portable suction can be required in medical emergencies to clear the airway so that a patient may breathe. The practice manager contacted us within 48 hours of our visit with evidence that they had ordered all of the required equipment.

Staff received annual training in the management of medical emergencies. The practice took responsibility for ensuring that all of their staff received annual training in this area. We also saw evidence of designated first aiders at the practice.

Are services safe?

The practice undertook regular checks of the equipment and emergency medicines to ensure they were safe to use. The emergency medicines were all in date and stored securely. Glucagon (one type of emergency medicine) was stored in the fridge and the temperature was monitored.

Staff recruitment

The practice had a policy for the safe recruitment of staff. We looked at the recruitment records for three members of the practice team. The records we saw contained evidence of immunisation status, staff identity verification, dental indemnity, induction plans and copies of their General Dental Council (GDC) registration certificates. Some of the files also contained curricula vitae and employment contracts. The practice's recruitment policy stated that two references for each prospective employee must be sought; however, not all staff members had two references. There were Disclosure and Barring Service (DBS) checks present for all of the staff files we viewed. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults.

The practice had a system in place to monitor the professional registration of its clinical staff members. We reviewed a selection of staff files and found that certificates were present and had been updated to reflect the current year's membership.

Monitoring health & safety and responding to risks

We saw evidence of a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. This included extreme situations such as loss of the premises due to fire. We reviewed the plan and found that it had all relevant contact details in the event of an emergency.

The practice had arrangements in place to monitor health and safety. We reviewed several risk management policies. We reviewed a fire safety certificate from February 2016 and the fire extinguishers had been serviced in September 2015. Fire doors and fire blankets were present. The practice had been refurbished in 2014 and no fire alarms had been installed since then. The practice manager had identified this as an area that needed attention and was planning to install these although no dates had yet been confirmed with us.

We saw evidence that a fire risk assessment had taken place in November 2015 by an external contractor. The practice manager requested this report from the contractor and it arrived only a few days prior to our visit. We noted that there were some immediate actions that had been recommended at the time of the risk assessment. Some of these had been completed and others had not. The practice manager contacted us within 48 hours of the inspection to inform us that the practice's technician had been booked to complete any outstanding actions.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access but it was generic and limited. The practice manager emailed us within 48 hours of our visit and told us they had started to create a comprehensive COSHH file. They said this would be reviewed and discussed at the next practice meeting so that learning could be shared with all staff members.

Infection control

There was an infection control policy and procedures to keep patients and staff safe. 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)'. However, some improvements were required. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed. We saw evidence that staff had carried out training in infection control in June 2015.

We reviewed a selection of staff files and saw evidence that clinical staff were immunised against Hepatitis B to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be visually clean and hygienic. Several patients commented that the practice was clean and tidy. Work surfaces and drawers were clean and free from clutter. Patient dental care records were computerised and the keyboards in the treatment rooms had water-proof covers.

There were handwashing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM

Are services safe?

01-05 guidance an instrument transportation system was in place to ensure the safe movement of instruments between the treatment rooms and the decontamination room.

Sharps' bins were appropriately located and out of the reach of children. We observed waste was separated into safe and lockable containers for monthly disposal by a registered waste carrier and appropriate documentation retained. Clinical waste storage was in an area where members of the public could not access it. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05.

We spoke with clinical staff about the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05 guidelines.

Staff used an ultrasonic cleaning bath to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. The decontamination room had clearly defined clean and dirty zones to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear. Heavy duty gloves are recommended during the manual cleaning process and should be replaced on a weekly basis in line with HTM 01-05 guidance. Staff told us they were being replaced monthly. The practice manager assured us this would be discussed with all staff at the next staff meeting and changes would be implemented immediately.

The practice had systems in place for quality testing the decontamination equipment daily and weekly. We saw records which confirmed these had taken place.

The practice had a protocol which provided assistance for staff in the event they injured themselves with a contaminated sharp instrument.

The practice manager informed us that checks of all clinical areas such as the decontamination room and treatment rooms were carried out daily by the dental nurses. An external cleaner also visited the practice on a daily basis to clean the non-clinical areas.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw evidence that the practice carried these out every six months in line with current guidance. Action plans were documented subsequent to the analysis of the results. By following the action plan, the practice could subsequently assure themselves that they had made improvements as a direct result of the audit findings.

Staff members were following the guidelines on managing the water lines in the treatment rooms to prevent Legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw evidence that the practice recorded water temperature on a monthly basis to check that the temperature remained within the recommended range. They also tested the water quality and we saw a certificate to state this was done in August 2015. A risk assessment process for Legionella was carried out internally by the practice manager. The HSE (Health and Safety Executive) states that a risk assessment must be carried out by a competent person. The HSE defines a competent person as someone with the necessary skills, knowledge and experience to manage health and safety, including the control measures. This was discussed with the practice manager and she contacted us within 48 hours with evidence that they had appointed an external contractor to carry out a risk assessment within a fortnight of our visit.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as pressure vessels and autoclaves.

Regular Portable Appliance Testing (PAT) is required to confirm that portable electrical items used at the practice are safe to use. The practice previously had PAT carried out in September 2015.

The practice kept a log of prescriptions given to patients so they could ensure that all prescriptions were tracked and safely given.

There was a separate fridge for the storage of medicines and dental materials. We saw evidence that the temperature was being monitored and recorded regularly.

Are services safe?

We were told that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' dental care records. All dental materials we viewed were within their expiry date.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the practice for all staff to reference if needed.

We saw evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this.

We saw evidence that the practice carried out X-ray audits every six months. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. We saw that the results were analysed and reported on with subsequent action plans.

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 assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP).

We spoke with one dentist about the oral health assessments, treatment and advice given to patients and corroborated what they told us by looking at patient care records. Clinical records included details of the condition of the teeth, soft tissues lining the mouth, gums and any signs of mouth cancer. Medical history checks were updated by each patient at each visit. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was recording patients' BPE.

The practice used other guidelines and research to improve their system of clinical risk management. For example, following clinical assessment, the dentist told us they 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 was recorded and reports on the X-ray findings were available in the dental care records.

Staff told us that treatment options and costs (where applicable) were discussed with the patient and this was corroborated when we spoke with patients.

Health promotion & prevention

The medical history form patients completed included questions about their smoking and alcohol consumption. The dentist we spoke with and the patient records showed that patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were posters and oral health promotion leaflets available in the practice to support patients to look after their health. Examples included information on gum disease and oral health.

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'. This 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 practice recalled patients, as appropriate, to receive fluoride applications to their teeth. Where required, toothpastes containing high fluoride were prescribed.

We were told that the dental nurse and practice supervisor were involved in promoting oral health in the local community. They visited local schools and a local care home twice a year.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran.

Staff told us they were encouraged to maintain the continuous professional development) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC (apart from the trainee dental nurses as only qualified staff can register).

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. We were told that dental nurses were often transferred from the provider's other local practice and staff were happy to travel between the two locations if required.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice.

We were told that the dental nurses were encouraged to carry out further training and the dental nurses were currently considering this.

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. For example, referrals were made to hospitals and specialist dental services for further investigations or

Are services effective?

(for example, treatment is effective)

specialist treatment. We viewed two referral letters and noted that both were comprehensive to ensure the specialist services had all the relevant information required.

The practice understood the procedure for urgent referrals, for example, patients with suspected oral cancer.

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 ensured patients gave their consent before treatment began.

Staff members were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). The 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.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding 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.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of customised treatment plans when reviewing dental care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Ten patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with patients on the day of the inspection. Overall the information from patients was complimentary. Patients were positive about their experience and they commented that staff were helpful and caring.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to the treatment rooms were closed during appointments and confidential patient details were not visible to other patients. We observed that staff members were helpful, discreet and respectful to patients. Staff members we spoke with were aware of the importance of providing patients with privacy. Staff told us if a patient wished to speak in private an empty room was available to speak with them. We were told that all staff had individual passwords for the computers where confidential patient information was stored. Confidential patient information was stored in a secure area.

We were told that the practice appropriately supported anxious patients using various methods. The practice booked longer appointments so that patients had ample time to discuss their concerns with the dentist. They also had the choice of three dentists, including male or female dentists.

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. Patients were also informed of the range of treatments available. Patients commented that the cost of treatment was discussed with them and this information was also provided to them in the form of a customised written treatment plan.

Examination and treatment fees were displayed in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were able to access the practice as there was a treatment room on the ground floor. There was no wheelchair access to the practice and this information was readily available on the NHS Choices website. However, patients with wheelchairs could be accommodated at the provider's other practice which was local. Patients requiring domiciliary visits (home visits) could also be accommodated via the provider's other local practice.

Many of the patients' first language was not English so the practice responded by the provision of practice information leaflets in different languages. This facility was available upon requests for patients at this practice.

The practice had an appointment system in place to respond to patients' needs. If the dentist was running late, we were told that the receptionist informed the patient so that they had the opportunity to rebook the appointment if this was more convenient for them.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. We were told that the patients would be asked to sit and wait for an emergency slot and this arrangement was successful for both staff and patients.

Patient feedback confirmed that the practice was providing a good service that met their needs. The practice sent appointment reminders via text message alerts and telephone calls to all patients who had consented.

Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice appeared to recognise the needs of different groups in the planning of its services. The practice did not have audio loop systems for patients who might have hearing impairments. However, the practice was able to communicate with these patients using various methods so that patients could still access the services. One example is when staff would write down information for patients who were deaf or hearing impaired.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

Access to the service

The practice displayed its opening hours on the premises. Patients could access care and treatment in a timely way and the appointment system met their needs.

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 for advice on obtaining emergency dental treatment.

Opening hours were from 9am to 5pm on Monday to Friday. The practice was also open on Saturdays from 9am to 1pm.

Concerns & complaints

We saw evidence that complaints received by the practice had been recorded, analysed and investigated. We found that complainants appeared to have been responded to in a timely manner. We viewed some documents which did not have dates on them and this was discussed with the practice manager. The practice understood the importance of dating all documents and we were told that all future documents would have dates written on them for monitoring and auditing purposes. We were told that any learning identified was cascaded personally to team members.

The practice had a complaints process which provided staff with clear guidance about how to handle a complaint. Any formal or informal comments or concerns were passed on to the practice manager to ensure responses were made in a timely manner. This information would then be passed on to any relevant staff members. Information for patients about how to make a complaint was available at the practice and this included details of external organisations in the event that patients were dissatisfied with the practice's response.

Patients had made comments on the NHS Choices website. We saw that the practice had responded to both positive and negative entries on the website.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. One example was their risk assessment of injuries from sharp instruments. We were told that the dentists always re-sheathed and dismantled needles so that fewer members of the dental team were handling used sharp instruments. This reduced the risk of injury to other staff members posed by used sharp instruments.

The practice was a member of the BDA (British Dental Association) Good Practice scheme. This is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

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. All staff we spoke with were aware of whom to raise any issue with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead and infection control lead.

Learning and improvement

The practice manager monitored staff training to ensure essential staff training was completed each year. This was free for all staff members and included emergency resuscitation and immediate life support. The practice manager also kept a log of staff members' CPD records to ensure they were meeting GDC requirements.

Staff audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), dental care record keeping and infection control.

Staff meetings took place on a monthly basis and this was open to all staff although not all of the dentists attended. Separate clinical meetings took place every three months and these were meetings specifically for the dentists to discuss clinical matters. We noted that topics such as X-ray audits and clinical matters had been discussed and documented. The minutes of the meetings were made available for all staff and we saw that minutes were present from October 2015 to February 2016. This meant that staff members who were not present also had the information and all staff could update themselves at a later date.

We were told that the receptionist and dental nurses had regular appraisals where learning needs, concerns and aspirations could be discussed. The dental nurses and receptionists had their appraisals with the practice manager every six months. We saw several appraisals but they were not dated. Staff confirmed that these appraisals took place every six months.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice.

The practice had systems in place to involve, seek and act upon feedback from people using the service. One example included providing a television for the waiting room The practice undertook patient satisfaction surveys but said the response rate was low. The practice also undertook the NHS Family and Friends Test (FFT). The FFT captures feedback from patients undergoing NHS dental care.

Staff we spoke with told us their views were sought and listened to but there were no dedicated staff satisfaction questionnaires. The practice manager told us about positive changes that had taken place in response to suggestions made by staff.