

Bretton Dental Clinic Partnership

Bretton Dental Surgery

Inspection Report

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Bretton

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Overall summary

We carried out an announced comprehensive inspection on 20 March 2017 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.

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

Bretton Dental Surgery is situated in a residential area of Peterborough close to a public car park. The practice provides NHS, independent and private dental care to patients. The practice is situated on two floors with one dental treatment room on the ground floor which is accessible for patients with a disability, three treatment rooms on the first floor, a decontamination room, a reception and two waiting areas.

The practice opens from 8am until 6pm from Monday to Thursday and 8am until 12 noon on Fridays. The service is run by Bretton Dental Clinic Partnership. They employ four dentists, a hygienist, a practice manager, four registered dental nurses, a trainee dental nurse and two receptionists.

The practice manager 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.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.

Summary of findings

- Staff had received training in handling medical emergencies and had access to medicines and life-saving equipment. We found that the equipment was missing one essential item and the practice took immediate action to rectify this so that all equipment held was in accordance with current guidelines.
- The practice appeared very clean and well maintained.
- Infection control procedures were in place and the practice followed published guidance. However, improvement was needed to ensure that dental materials remained in date for use and dental burs were stored appropriately.
- An accident and incident reporting system had been established and action was taken in response to reported issues. However, opportunities to identify learning and improvement were not always completed thoroughly.
- Patients told us they received good dental care and were able to access convenient appointments. They told us staff were kind and helpful.
- Governance arrangements were in place for the smooth running of the practice.

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

- Review the practice's systems for investigating and recording incidents, significant events, accidents and

complaints to ensure that learning is always identified and used to improve the service whenever possible. Review the process used to record actions taken following relevant patient safety alerts.

- Review the system for identifying and disposing of out-of-date stock in the dental treatment rooms, the use by date for pouched dental instruments and the storage of dental burs.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities. 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 practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review fire safety measures within the building to ensure that escape routes are clearly identified.
- Review the Ionising Radiation Regulations (Medical Exposure) Regulations 2000 and the Department of Health's: National Radiological Protection Board (NRPB) 'Guidance notes for Dental Practitioners on the safe use of X-ray equipment' recommendations in respect of the use of rectangular collimation to limit the radiation dose a patient receives during routine dental X-rays.
- Review the availability of a hearing loop system to support communication for patients who use a hearing aid.

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 clear policies and procedures in place for essential areas such as infection control, clinical waste control, management of medical emergencies and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. However, one dental item was removed from its packaging and stored within an area that could risk contamination from aerosols and splashes. Some dental materials in the treatment rooms were out of date. The practice staff were aware of the importance of identifying, investigating and responding to patient safety incidents and accidents and these were actioned in a timely manner. However, opportunities to identify learning and promote improvements to the service were not always recorded or completed thoroughly. There were sufficient numbers of suitably qualified staff working at the practice, although the policy for staff recruitment needed to improve. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults. However, some staff were not clear about supporting vulnerable patients who did not have capacity to make their own decisions.

No action



Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Staff described examples of positive teamwork within the practice and evidence of good communication with other dental professionals. 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.

No action



Are services caring?

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

We collected 50 completed Care Quality Commission patient comment cards and obtained the views of a further three patients on the day of our visit. These provided a positive view of the service the practice provided. Patients told us that they were treated with respect by professional, caring and welcoming staff and they were satisfied with the quality of care and treatment they received.

No action



Are services responsive to people's needs?

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

The service was aware of the needs of the local population and had taken this into account in how the practice was run. Some patients had used the service for a number of years and told us

No action



Summary of findings

that staff provided treatment to meet their needs. Access to treatment, urgent and emergency care was available to registered patients and arrangements were in place for patients to attend alternative dental care when the practice was closed. Staff had access to an interpreting service when required. Treatment rooms were available on the ground and first floors of the building and arrangements were in place to ensure that patients with limited mobility could access the practice. The complaints process was accessible to patients and when complaints were made, staff responded appropriately.

Are services well-led?

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

The principal dentist, practice manager and staff had an open approach to their work and worked as a team to improve the service they provided. There were clear clinical governance and risk management structures in place. However, we found that improvement was needed to ensure that staff used full opportunities for learning and action following feedback from external advisors, patient safety incidents, alerts, complaints and accidents. The leadership structure within the practice appeared to function well although staff meetings did not have a structured agenda to ensure that quality issues were regularly discussed. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that they enjoyed working at the practice. Patient and staff feedback was monitored so that action could be taken when relevant to do so.

No action



Bretton Dental Surgery

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.

The inspection took place on 20 March 2017 and was led by a CQC inspector who was supported by a specialist advisor. Before the inspection, we asked the practice to send us some information for review and this included a summary of complaints received.

During the inspection we spoke with three dentists, the hygienist, four dental nurses, a receptionist and the practice manager. We reviewed policies, procedures and other documents. We also obtained the views of 53

patients who used the service. This was either through CQC comment cards that we had provided for patients to complete during the two weeks leading up to the inspection or speaking with them in person during the inspection.

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

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

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



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a process in place for reporting and recording accidents, incidents, near miss events and significant events. The principal dentist had overall responsibility for managing and reviewing these. We found that 10 incidents had been reported in the last two years and some of these included accidents which had also been recorded in an accident book. We tracked four of these incidents and found that appropriate and timely actions had been taken. For example when a patient referral for treatment was lost, the practice introduced a log book to enable referrals to be tracked. However two of the incidents did not include any learning actions or how they had been shared with staff to promote improvement across the staff team. We also found that accidents were sometimes reported as an incident and could therefore be tracked and followed through. When accidents were not also reportable incidents, the forms did not include any reference information so that records of the accident could be tracked.

A policy was in place for the reporting of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice manager understood the basic principles of the reporting procedure.

The practice manager had signed up to receive national patient safety alerts such as those relating to medicines or the safety of clinical equipment and alerts from NHS England. A process was in place to share these with relevant staff for action however, evidence of actions were not always recorded.

The practice manager had a broad understanding of the principles of the duty of candour and provided a clear example of an incident where a patient experienced a complication during their treatment. The patient was informed, the incident was investigated and the patient received a clear apology and appropriate support.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding vulnerable adults and children which linked to the local guidelines. The principal dentist was the designated lead for safeguarding concerns and had

knowledge of the escalation process to the local authority team if it was required. Information on the reporting process was visible and accessible to staff who had received relevant training and were able to demonstrate sufficient knowledge in recognising safeguarding concerns.

We spoke with clinical staff to ask about the use of rubber dam for root canal treatments. 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. We found these were not routinely used by every dentist and there was no risk assessment in place to help manage the risks to patients. In addition, the practice had identified a significant event that had occurred during a root canal treatment for a patient within the last 12 months. Although the root cause of the significant event was not known, this had not triggered the practice to review the policy for using rubber dam to help reduce future risks to patients and improve practice. The principal dentist took immediate action and provided us with a risk assessment for the use of rubber dam which had been discussed with all of the dentists.

Medical emergencies

Staff had access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Additional equipment for use in medical emergencies included oxygen. However, the practice had not considered whether a back up supply was required to ensure there was sufficient supplies while waiting for an ambulance to arrive. We found the emergency equipment did not include an adult size self-inflating bag, an essential item during an emergency situation. The practice manager took immediate action to rectify this. Staff completed weekly checks of the emergency equipment. This was in line with the recommended weekly checks in accordance with Resuscitation UK Guidelines 2013.

The practice had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and found that they were within their expiry dates. However, the Glucagon kit (used for the treatment of diabetic patients in an emergency), which was not stored in



Are services safe?

a refrigerator had a reduced expiry date of six months. This should have been a reduced expiry of 18 months. The practice manager made the alteration to the medicines log and the medicine remained in date for use. Staff had received update training in dealing with medical emergencies.

Staff recruitment

All of the employed dental professionals had current registration with the General Dental Council, the dental professionals' regulatory body. There was a recruitment reference file in place that included practical information about the interview process with template questions for use at interview. However, there was no policy guidance about the advertising and shortlisting process. A Disclosure and Barring Service (DBS) policy was in place although this did not identify the level of checks required for the different roles in the practice. These are 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 adults who may be vulnerable. We found the practice completed enhanced checks for the management team, dentists and hygienist, and standard checks for the dental nurses as they were not left alone with patients. The practice had a stable workforce and had recruited one member of staff in the last four years. The recruitment checks held on file showed that the appropriate checks had been completed and this included proof of identity and references. There was also an induction programme in place which included key information such as confidentiality, practice policies and role specific information.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The principal dentist led on health and safety issues and there were a number of general risk assessments in place covering issues such as manual handling, managing information and slip, trips and falls. The assessments were regularly reviewed. There was also information for the Control of Substances Hazardous to Health (COSHH) to ensure the safe storage and management of these products. Safety kits were available in the practice for cleaning and disposing of spillages of mercury or body fluids in a safe way. A first aid kit was also available and there was a designated member of staff as a first aider.

The practice had procedures in place to reduce the risk of injuries through the use of sharp instruments and had a policy in place that sharps were handled by the dentists only. Safer sharps systems were in use by one dentist at the time of the inspection with plans to implement this fully in the near future. A sharps injury had occurred within the last year and appropriate action had been taken including follow up through an occupational health team. A sharps risk assessment was in place and staff had received immunisation for Hepatitis B.

A fire risk assessment had been completed by the practice manager in February 2017. We noted this said that all fire exits were clearly signed but we saw that two exits on the ground floor had not been signed as fire exits. There was no evidence to show that the practice sought any advice from an external fire safety advisor. Firefighting and detection equipment had been serviced. Staff had received fire training including the safe use of fire extinguishers and fire drills were in place.

The practice had a business continuity plan in place to deal with any emergencies that could disrupt the safe and smooth running of the service. Copies of the plan were held by senior members of staff and a further copy was accessible to other staff.

Infection control

The practice had a clear infection control policy that was regularly reviewed. The senior dental nurse was named as the infection control lead and a decontamination room was available on the first floor of the practice. We spoke with dental nurses about the decontamination process and observed the procedures and practice that was being followed. We found that overall the practice was meeting HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met.

Infection control audits had been completed in June 2016 and March 2017. We saw the results demonstrated improved compliance. This confirmed to us that staff followed systems to ensure they were compliant with HTM 01 05 guidelines.

We saw that the dental treatment rooms, waiting areas, reception and toilet were clean, tidy and clutter free. The work surface in one treatment room was damaged which made thorough cleaning more difficult to achieve. The practice had a refurbishment plan in place and included



Are services safe?

plans to upgrade this facility. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice.

We observed the decontamination process followed by staff from taking the dirty instruments through the cleaning process to ensure they were fit for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. Cleaned instruments were date stamped with the processing date but not stamped with a use by date so that any unused instruments could be reprocessed if they exceeded the use by date. However, we found that dental burs (a cutting instrument) were removed from the sterile pouch and placed onto unlidded stands until they were needed for use. This process meant the instruments were at risk of contamination from aerosol sprays.

There were systems in place to ensure that the equipment used in the decontamination process was working effectively. Records showed that regular daily, weekly and monthly validation tests were recorded in an appropriate log book. The dental water lines were maintained in line with current HTM 01 05 guidelines to prevent the growth and spread of Legionella bacteria (legionella is a term for a particular bacteria which can contaminate water systems in buildings). A legionella risk assessment report had been completed in November 2015 and recommendations were made. We found the practice had taken recent action to address the recommendations and all the actions were due to be completed by December 2017.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Arrangements were in place to ensure that an approved contractor removed clinical waste from the premises on a monthly basis. We observed that clinical waste bags and municipal waste were properly maintained and stored securely where appropriate. Sharps waste bins were well maintained although in one treatment room, the bin was stored at low level which could be accessed by young children.

Cleaning equipment for the premises was colour coded for use and general cleaning was completed by an employed cleaner who completed daily schedules. Dental nurses were responsible for cleaning the treatment areas and signed daily checklists to demonstrate completion.

Equipment and medicines

There were systems in place to check that the equipment had been serviced regularly and in accordance with the manufacturer's instructions. Items included the items used for decontamination of the dental equipment, the dental chairs, electrical items and firefighting equipment. In addition a process was in place for monitoring expiry dates and rotating stocks of dental materials. Dental nurses were responsible for checking and rotating stock in the treatment rooms. However, we found some out of date materials in two treatment rooms that had not been identified and removed.

An effective system was in place for the use of local anaesthetics during treatment and the batch numbers and expiry dates of these were recorded in patient dental care records. The practice stored prescription pads securely and issued a small number to each dentist who logged each prescription issued. The batch numbers were recorded in patient dental care records once issued to a patient so that prescriptions could be tracked.

Radiography (X-rays)

We reviewed the radiation protection file held at the practice. This file contained the names of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor and the necessary documentation in relation to the maintenance of the X-ray equipment. The RPA had completed an assessment visit in February 2016 and made some recommendations about X-ray doses used. There was no evidence to show the actions had been completed. Immediately following the visit, the practice provided revised copies of the local rules incorporating the recommendations of the radiation visit report which had been signed by all of the dentists. Evidence of the maintenance of the dental X-ray sets were in place. Training records showed all relevant staff had received training for core radiological knowledge under IRMER 2000.

The Ionising Radiation Regulations (Medical Exposure) Regulations 2000 state: 'Regulation 7 provides for the optimisation process which involves ensuring that doses arising from exposures are kept as low as reasonably



Are services safe?

practicable.' While the Department of Health's: National Radiological Protection Board (NRPB) 'Guidance notes for Dental Practitioners on the safe use of X-ray equipment' says: 'It is recommended that rectangular collimation be provided on new equipment and be retro-fitted to existing equipment at the earliest opportunity. 'Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the

patient received and the size of the area affected. We saw that one of four X-ray machines had been fitted with rectangular collimation and therefore the guidance was not being followed.

Radiographic audits were completed regularly for each dentist and action plans were formed in response to any findings. We saw that dental care records included information when X-rays had been taken, how these were justified, reported on and quality assured. This showed the practice was acting in accordance with national radiological guidelines to protect both patients and staff from unnecessary exposure to radiation.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. Staff described how they carried out their assessment of patients for routine care and we saw this evidenced in some dental care records. The assessment for new patients included a verbal discussion with them about their medical history, health conditions, medicines being taken and any allergies suffered. This was reviewed at each routine check or before every course of treatment.

Patients received an examination to assess the condition of their teeth, gums and soft tissues and this included a check for signs of mouth cancer. The assessment outcome was shared with the patient to inform them of the condition of their oral health and whether it had changed since the last appointment. Any treatment options were explained to them in detail. Where appropriate a health assessment using the basic periodontal examination (BPE) scores for the soft tissues lining the mouth, was used. BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on the treatment required. The patient's dental care record was updated with the full details of their assessment and the proposed treatment options that were discussed with the patient. Patients received a copy of their treatment plan and were provided with information about the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements and recommended guidelines.

Health promotion & prevention

The staff used opportunities to promote dental and general health of their patients and referred them to local services if appropriate for example, smoking cessation clinics and dietary advice. The practice also employed a dental hygienist and the dentists referred appropriate patients or patients could self-refer. Adults and children attending the practice were advised during their consultation of the steps to take to maintain healthy teeth. This included advice about tooth brushing techniques, diet, smoking and alcohol where it was appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice was led by a principal dentist who employed three other dentists (one on maternity leave at the time of the inspection) and a hygienist. In addition there was a practice manager, four registered dental nurses, a trainee dental nurse and two receptionists. The patients we spoke with had confidence and trust in the staff at the practice and this was also reflected in the Care Quality Commission comment cards we received.

Staff told us they felt supported by the practice manager and they enjoyed working within a friendly and supportive team. Staff received support to maintain their professional development and we saw evidence that regular performance appraisals were completed for all staff. The practice manager monitored training records for all staff to ensure that appropriate training was completed according to their role and responsibilities. We saw that training records included training in medical emergencies, safeguarding, managing information, the Mental Capacity Act (2005) and infection control. However, we found that some staff were not confident in their knowledge of the Mental Capacity Act 2005 and consent.

Working with other services

Dentists referred patients to other specialists if the treatment they required was not provided by the practice. A clear referral process was in place for patients who required this and included for example, nervous patients, suspected oral cancer and a range of specialist dentistry. The practice maintained records so that progress could be tracked and followed through. A process for fast track referrals for patients who required specialist assessment within 24 hours was also in place.

Consent to care and treatment

Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then recorded in their dental records and we saw evidence of this. Staff described that they gave clear explanations to patients about their dental health and treatment options to support them in making informed decisions. If required



Are services effective?

(for example, treatment is effective)

they used photographs and leaflets to help patients understand the information as well as the consequences of having no treatment. Patient feedback we received confirmed this.

The practice had an appropriate consent policy in place although we found some staff were not knowledgeable about the principles of the Mental Capacity Act 2005 and the process for seeking third party consent. The Mental Capacity Act 2005 provides a legal framework for acting and

making decisions on behalf of adults who lack the capacity to make particular decisions for them. In addition, some staff were not clear about Gillick competence to ensure that appropriate verbal and written consent was sought for all treatments offered to children and young people. Gillick competency is a test to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.



Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and provided privacy for patients. Conversations between patients and dentists could not be heard from outside treatment rooms and reception staff were mindful of protecting patient confidentiality when they spoke with patients. Dental care records were stored electronically, computers were password protected and computer screens were not overlooked by patients.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to share their experience of the practice. We collected 50 comment cards and obtained the views of three patients on the day of our visit. These provided a positive view of the service

the practice provided from all of the patients. Patients told us that they were treated with respect by professional, caring and welcoming staff. During the inspection we observed that practice staff were polite and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. The fees lists for independent treatment and the hygienist were available from the reception desk upon request and NHS costs were displayed on the noticeboard. The practice website also gave details of the cost of the independent dentistry treatments and information about NHS exemptions. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. Feedback we received from patients indicated they received clear information about their dental health, treatment options and the expected outcomes of that treatment.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice waiting area had some information on display that referred to the services available at the practice. It also included information about good practice standards issued by the General Dental Council so that patients were made aware of what they could expect from the service. Health information leaflets included guidelines on dental hygiene, the practice leaflet and information about the complaints process.

We spoke with reception staff about the appointments system who told us there was high demand for dental appointments as one dentist was on maternity leave and the practice had not been able to employ temporary cover. If patients required an emergency appointment staff were able to add them into an appointment slot if available. If it was not, the practice prioritised patients in pain as well as children and would fit them in for an appointment by double booking with another appointment in agreement with the dentist. Alternatively, they were provided with an appointment the following day. We saw that a patient who had attended their appointment required a follow up and this was accommodated for two weeks later. On the day of the inspection, the practice had provided patients with emergency appointments and were able to offer the next appointment with the hygienist in three days' time. The next routine appointment was available in two weeks' time. The practice operated an appointment reminder service by text message or email if the patient consented to this.

Staff took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment and booked the length of appointment that was most relevant to the patient's need. Comments we received from patients indicated that they were satisfied with the response they received from staff when they required treatment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. Any patient who required dental treatment was welcomed to the

service. Staff had access to a translation service if a patient had difficulty in understanding information about their treatment and some staff spoke alternative languages. Staff explained they would also help patients on an individual basis if they were partially sighted or hard of hearing to ensure they were able to access services and consent to treatment. However, the practice did not have a hearing loop installed to assist patients with hearing difficulties who used a hearing aid.

There was level access to the practice and a treatment room was available on the ground floor for patients who had difficulty using the stairs.

Access to the service

The practice opened from 8am until 6pm from Monday to Thursday and 8am until 12 noon on Fridays. When the practice was closed, a recorded message on the practice telephone system advised patients to seek urgent care advice through the local out of hour's service contracted by NHS England. This information was also available in the practice leaflet.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed. This included the person with overall responsibility for dealing with a complaint and the timeframes for responding. Information for patients about how to make a complaint was available in the waiting area, the practice leaflet and on the practice's website. None of the patients who gave us comments about the practice had made a complaint.

Staff told us they always tried to resolve patient's issues at the time they were raised. If it was not possible to do so, the concerns were referred to the practice manager. The practice manager was responsible for ensuring that complaints were managed appropriately. We reviewed the complaint log and found that eight complaints had been received since September 2015. We tracked two complaints and found they had been acknowledged and managed in a timely way. Patients had received a detailed explanation and apology. However, there were no records to identify the learning and action taken as a result of the complaint.



Are services well-led?

Our findings

Governance arrangements

The practice manager shared responsibility for monitoring the quality of the service at the practice with the principal dentist. We found that the governance arrangements were effective.

Policies and procedures were in place which covered a wide range of topics. For example, control of infection, management of information and training. We noted these were kept under review by the management team. Staff were aware of policies and procedures and how to access them.

The practice manager held monthly practice meetings with staff who were also able to contribute to the agenda. Records of these meetings included issues such as dental activity and policy reminders for example radiographs and patient referrals. However, there were no standing agenda items to promote continuity for discussing quality issues to ensure that staff remained well informed about the care they were providing.

The principal dentists was the lead for health and safety. We found that systems were in place to monitor and manage the safety of the environment. However, there was no record that a fire risk assessment visit from an external advisor had taken place and we noted that two fire exits did not have fire exits signs.

Systems were in place to manage the maintenance of equipment such as machinery used in the decontamination process and other electrical equipment.

Leadership, openness and transparency

The principal dentist had overall responsibility for the service although the day to day running of the practice was delegated to the practice manager. Both team members had the appropriate knowledge and skills for the role. Other leadership responsibilities were shared with staff that had appropriate knowledge and training for example decontamination and infection control, first aid and patient surveys.

Staff we spoke with told us that they worked well together as a team and supported one another in providing a caring and high quality service. They told us the practice manager and principal dentist were very approachable and they felt

able to raise any issues and share their ideas with them. A whistle blowing policy was also available and staff had signed up to this. Regular staff meetings took place and the staff team met together each day on an informal basis to ensure good communication.

When things had gone wrong, the principal dentist and practice manager followed the duty of candour and addressed issues in an open manner so that learning could be identified. However, we found that learning was not always recorded and shared with the wider team when relevant to do so.

Learning and improvement

Monthly audits were completed in key areas such as infection control, dental records and X-rays in accordance with current guidelines. The practice had installed an electronic records system within the last few months and staff had received a substantial amount of training to support the implementation. There were plans in place to audit records in the near future.

Systems were in place for managing complaints, incidents and accidents. These were generally well managed in a timely manner although identifying the learning and improvements made as a result were not always completed appropriately.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. They also received annual appraisals and this included the dentist and hygienist who were appraised by the principal. Training was completed through a variety of resources and media provision and training certificates were held on file and checked by the practice manager.

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

The practice gathered ongoing feedback from patients through a patient survey. Results were reviewed and a report was produced every six months. The last report available included responses received from patients between January and August 2016. Overall the practice received positive feedback with some comments that resulted in actions points. These issues related to the facilities and decoration of the practice, insufficient information about treatments and estimated costs and



Are services well-led?

patients who were kept waiting for their appointments without an explanation. Actions had been recorded but there was no record of who was responsible for the actions and when they would be completed.

The practice participated in the NHS Family and Friends Test and had received 13 responses during February 2017. All of the patients said they were either extremely satisfied or very satisfied with the care and treatment they had received.

All the staff told us they felt included in the running of the practice and that senior staff listened to their opinions and respected their knowledge and input at meetings. Staff told us they felt valued and trusted to work effectively.