Care Quality Commission

Rectory House Dental Practice Limited

Rectory House Dental Practice

Inspection Report

40 Epsom Road
Guildford
Surrey
GU1 3LF
Tel: 01483 575620
Website: https://www.rectoryhousedental.co.uk/

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Overall summary

We carried out an announced comprehensive inspection on 06 May 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Rectory House Dental Practice is located on the junction of Hunter road and Epsom Road in Guildford, Surrey. At the entrance of the practice there are four concrete steps that are not suitable for people using wheelchairs. The practice resides over three levels including the basement. There are three treatment rooms, a decontamination room, an X-ray room, two waiting rooms and a spacious reception area. Parking is available at the rear of the practice and local streets have pay and display. The premises are not suitable for patients using wheelchairs.

The practice provides NHS and private services to adults and children. As well as general dental services the practice provides specialist services for orthodontics and prosthodontics. Orthodontic treatment is provided on a referral basis under NHS regulations for children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

The practice staffing consisted of six dentists (including the two partners that own the practice), two dental hygienists, four dental nurses and three receptionists.

Summary of findings

The practice opening hours are Monday to Friday 8:30am to 5pm.

One of the principal dentists is registered with the Care Quality Commission (CQC) as an individual. 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.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 46 patients provided feedback about the service. All comments were positive about the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

Our key findings were:

- Patients’ needs were assessed and care was planned in line with current guidance such as from the British Orthodontic Society and National Institute for Health and Care Excellence (NICE).
- The practice had an ongoing programme of risk assessments and audits which were used to drive improvement.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients commented that the team were friendly, caring and provided a pain free service.
- Dentists and hygienists were up to date with their continuing professional development.
- There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.
- Staff recruitment files were organised and complete.
- Staff we spoke with felt well supported by the management team and were committed to providing a quality service to their patients.
- Feedback from patients gave us a positive picture of a friendly, caring, professional and high quality service.

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 systems in place to minimise the risks associated with providing dental services. There were systems in place for recording incidents appropriately and to review lessons that could be learnt to prevent a recurrence. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DOH) and the British Orthodontic Society (BOS). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Are services caring?

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

Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were friendly, caring and provided a pain free service and they would recommend the practice to friends and family. During the inspection we observed staff in the reception area and on the telephone. They were polite, welcoming and personable towards patients. The practice protected patients privacy and kept discussions about treatment confidential in treatment rooms with the doors closed.

Are services responsive to people's needs?

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

Patients were able to access treatment within a reasonable time frame and had enough time scheduled with the dentist to assess their needs and receive treatment. The practice treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

The practice had a complaints procedure that explained to patients the process to follow. The practice followed the correct processes to resolve any complaints.

Summary of findings

Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the provider. They felt they were listened to and responded to when they did so. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff. The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.	**No action**

Care Quality Commission

Rectory House 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 carried out an announced, comprehensive inspection on 06 May 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke all seven members of staff working on the day of our visit. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. One of the dental nurses demonstrated how they carried out decontamination procedures of dental instruments.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 46 patients who provided comments about the service and this included young children that were receiving orthodontic treatment. All patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff and the quality of treatment received.

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 an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there were no incidents during 2016 that required investigation. All staff we spoke with were aware of reporting procedures including recording them in the accident book.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff understood when an incident needed to be reported to RIDDOR. There were no RIDDOR incidents within the last 12 months.

The principal dentist who was also the provider was aware of the Duty of Candour. They told us they were committed to operating in an open and transparent manner; they would always inform patients if anything had gone wrong and offer an apology in relation to this. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team and social services.

One of the principal dentists acted as the safeguarding lead and was a point of referral should members of staff encounter a child or adult safeguarding issue. We saw evidence that all staff had completed safeguarding training to the appropriate levels and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with one of the principle dentists.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually non latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, the practice used a 'safer sharps' system to minimise needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not re-sheathed using the hands but instead a device was used to prevent injury which was in line with recommended national guidance. Orthodontists were responsible for the disposal of wires and other sharps used in orthodontic treatment. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. We saw the practice had gone to additional efforts and organised well labelled individual grab bags that were colour coded and had laminated instructions for the various different medical emergencies that could occur. This would help make the response quicker and clearer for the team when involved in an emergency.

The practice had an automated external defibrillator (AED). (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).

Are services safe?

Staff received annual training in the practice using the emergency equipment. The most recent staff training sessions had taken place in March 2016. We noted that the training included responding to different scenarios, such as epileptic seizures and anaphylaxis, using role-playing drills.

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. Records completed showed regular checks were done to ensure the equipment and emergency medicines were safe to use.

Staff recruitment

The practice staffing consisted of six dentists (including the two partners that own the practice), two dental hygienists, four dental nurses and three receptionists.

There was a recruitment policy in place and we reviewed the recruitment records for all staff members. We saw that relevant checks to ensure that the person being recruited was safe and competent for the role had been carried out. This included DBS checks for all members of staff, a check of registration with the General Dental Council (GDC), references, ID checks and employment profiles. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff were up to date with their Hepatitis B immunisations and records were kept on file.

The practice also displayed pictures and profiles of the dental staff on the website for patients to read and included GDC registration numbers.

Monitoring health & safety and responding to risks

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. There was a health and safety policy that was reviewed every year, the last review was April 2016. We saw records of risk assessments for autoclaves, biological agents, display screen equipment, fire, electrical, eye injury, sharp injuries and slip, trips and falls. These risk assessments were reviewed yearly; the next review was due in January 2017.

The practice had carried out a comprehensive risk assessment around the safe use and handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a well maintained COSHH folder which was updated regularly. We saw that COSHH products were securely stored.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene and environmental cleaning. The practice had followed the guidance on 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)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. The practice provided us with the most recent score of 94 percent from the last audit they had completed in May 2016.

We examined the facilities for cleaning and decontaminating dental instruments. One of the dental nurses was the infection control lead and they described the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient and demonstrated a good system for decontaminating the working surfaces, dental unit and dental chair.

We observed that the dental treatment rooms, waiting areas, reception and toilets appeared clean, tidy and clutter free. There was clear zoning that marked clean from dirty areas in all of the treatment rooms and the decontamination room. Hand washing facilities including liquid soap and paper towels were available in each of the treatment rooms and toilets. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The practice had a dedicated decontamination room on the lower ground level. The room was well equipped and

organised with two sinks, one washer disinfector machine and two vacuum autoclaves. Protocols were displayed on the wall to remind staff about the correct processes to follow at each stage of the decontamination process. We noted there was no separate hand washing sink however the provider told us this was under review for implementing.

Staff demonstrated the process to us 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 system designed to minimise the risks of infection. When instruments had been sterilised they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The dental nurse showed us that systems were in place to ensure that the autoclaves and washer disinfector were working effectively. These included the automatic control test and steam penetration tests for the autoclave and protein residue test for the washer disinfector. It was observed that the data sheets used to record the essential daily validation were always complete and up to date.

We inspected the drawers and cupboards of two treatment rooms. All of the instruments were placed in pouches and it was clear which items were for single use as they were clearly labelled. Each treatment room had the appropriate personal protective equipment such as gloves, aprons and eye protection available for staff and patient use.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored away from patients at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice in November 2014. The recommended procedures contained in the report were carried out and logged appropriately. We saw evidence of annual water quality testing by the company that had carried out the Legionella risk assessment. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. There were service contracts in place for the maintenance of equipment. For example, we saw documents showing that the air compressor and autoclaves had all been inspected and serviced annually. The practice had portable appliances and had carried out portable appliance tests (PAT) every two years; the next test was due in November 2016.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination pack for the X-ray set along with the annual and three yearly maintenance logs and a copy of the local rules.

The file included a copy of the radiological audits which were carried out on an annual basis. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) guidance, British Orthodontic Society (BOS) and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

One of the principal dentists is an orthodontist and they spoke about the care provided at the practice; they carried out consultations, assessments and treatment in line with recognised general professional guidelines and the guidance provided by the British Orthodontic Society. They described to us how they carried out their assessment of patients for a course of orthodontic treatment. This included the completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. This was followed by a detailed examination of the patients jaw and tooth relationships and the factors that affected these relationships. Following the clinical assessment the diagnosis was then discussed with the patient their parents, guardians or carers and treatment options explained in detail.

We spoke with the partner of the practice who was a general dentist and specialist restorative and prosthodontics. They told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

During the course of our inspection we checked dental care records to confirm our findings. The assessment included completing a medical history, outlining medical conditions and allergies, an assessment of soft tissues lining the mouth and checking for signs of mouth cancer. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. We saw the dental care records included the proposed treatment after discussing options with the patient and this included the details of the costs involved. A treatment plan was then given to each patient and this included the cost involved if private treatment had been proposed.

Health promotion & prevention

The practice was highly focussed on the prevention of dental disease and the maintenance of good oral health especially before and during the patients' course of orthodontic treatment. Patients were given advice on how to maintain good oral hygiene during fixed appliances to prevent long term problems. Dental staff told us they discussed oral health with their patients and explained the reasons why decay and dental problems occur. They told us if an orthodontic patients' oral hygiene was not good enough they were referred back to their dentist.

The hygienist told us they discussed oral health with their patients, for example, effective tooth brushing and dietary advice. We observed that there were health promotion leaflets in the waiting area and treatment rooms. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition through sugar free diets.

The dentist discussed with us how they carried out examinations to check for the early signs of oral cancer. Where any signs were detected or suspicious patients were referred to the appropriate services through a fast track system.

Staffing

Opportunities existed for staff to pursue continuing professional development (CPD). All staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. We saw evidence of training in medical emergencies, radiography (X-rays), safeguarding and infection control.

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete an induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies and confidentiality. The practice had

information available to staff which included information on consent, data protection and complaints. Staff we spoke to were aware of where to find this information to refer to.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients.

Referrals were made to other dental specialists when required including maxilla-facial surgery and periodontology. The dentist referred patients to other practices or specialists if the treatment required was not provided by the practice.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral included the patients' medical history, personal details and the details of the issues. Copies of the referrals had been stored electronically in patients' dental care records and where necessary referrals had been followed up. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We were shown examples from dental care records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

Staff we spoke with were aware of the Mental Capacity Act 2005. (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). Although they had not received formal training they were able to explain the general principles of the Act and were able to discuss how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, they would then involve the patient's family or carer responsible for the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice ethos focussed on providing patient centred quality care in a relaxed and friendly environment. The CQC comment cards we saw reflected this approach.

Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were friendly, caring and provided a pain free service and they would recommend the practice to friends and family. During the inspection we observed staff in the reception area. They were polite, welcoming and personable towards patients.

The practice had a confidentiality policy and staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were kept on the computer system which was password protected and only accessed by an authorised person. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

The principal dentist told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with doors being closed so that the conversations could not be overheard whilst patients were being treated.

CQC comment cards completed by patients reflected that the dental staff had been very mindful of the patients' anxieties when providing care and treatment. They indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

Involvement in decisions about care and treatment

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patient's comments confirmed that the dentist discussed the options, risks, benefits and cost of the treatment with them in a way that they could understand.

The dentist told us they used a number of different methods including tooth models, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment and this was always shared with the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment system on the computer and saw that there was enough time scheduled to assess and undertake patients' care and treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. They told us they did not have a translation service for languages because they did not have many patients that attended the practice where English was not their first language and could not communicate in English. The provider told us if there was a need for this they would use a telephone translation line.

We asked staff how they would support patients that had difficulty with hearing and vision. The receptionist demonstrated how they would face the patient and speak slowly and clearly especially for someone who had hearing difficulties to allow the patient to lip read. Staff told us they would assist a blind patient or any patient who had difficulty with mobility by physically guiding and holding their arm.

Staff told us all patients had notes in the dental records highlighting any special assistance required prior to scheduled appointment and they responded with every possible effort to make dental provision accessible.

Access to the service

The practice opening hours are Monday to Friday 8:30am to 5pm.

We asked the staff about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details about how to access out-of-hours emergency treatment.

The reception staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain or their brace had broken, were seen on the same day that they alerted the practice to their concerns. The feedback we received via comments cards confirmed that patients had good access to the dentist in the event of needing emergency treatment.

Concerns & complaints

The practice had a complaints policy that described how formal and informal complaints were handled. Information about how to make a complaint was available on the practice website and in the reception area where patients had easy access to it.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had received four complaints in the last 12 months and this was handled in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were robust. There was a comprehensive system of policies, protocols and procedures in place covering all of the clinical governance criteria expected in a dental practice. The systems and processes were well maintained and files were kept that were regularly reviewed and updated. Records, including those related to patient care and treatments, as well as staff employment, were kept accurately.

The staff fully understood all of the governance systems because there was a clear line of communication running through the practice. This was evidenced through the effective use of staff meetings where relevant information was shared and recorded, and through the high level of knowledge about systems and processes which staff were able to demonstrate to us via our discussions on the day of the inspection.

Leadership, openness and transparency

Staff we spoke with told us they were happy to work in the service and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. They were confident in approaching the principal dentists if they had concerns and displayed appreciation for the leadership. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example we observed that the dental nurses and receptionists received an annual appraisal; these appraisals were carried out by the principal dentist. We found there were a number of clinical audits taking place at the practice. These included infection control and X-ray quality. The audits demonstrated a comprehensive process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The provider told us that the practice ethos was that all staff should receive appropriate training and development. The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses and conferences. The practice provided a rolling programme of professional development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and dental radiography (X-rays).

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

The practice had shared the feedback they had received from patients over the last year. We noted there were over 50 ‘thank you’ cards that were full of praise and compliments to the dental team for the quality of care provided. Many cards were from young children that had received orthodontic treatment and commented how happy they were with their smile. Patients had commented on the high quality of care and treatment experienced and the caring, sensitive dental team. Many comments were in line with what we received in the 46 CQC comment cards; dental team were efficient, friendly, professional and dentists put patients at ease when they arrive anxious and nervous.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.