Rothley Lodge Dental Care Ltd

Rothley Lodge Dental Surgery

Inspection Report

15 Cherry Orchard
Staines Upon Thames
Middlesex
TW18 2DE
Tel: 01784453448
Website: www.rothleylodgedentalsurgery.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 02 February 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

Rothely Lodge dental Surgery is and family practice located in a suburban area of Stains upon Thames and comprises a reception and waiting room on the ground floor, four treatment rooms, a decontamination room, an office, storage and a staff area. The practice is accessible for patients with disabilities at the front entrance.

The practice provides general dental treatment to NHS patients of all ages, and general dental treatment and a range of more complex treatments, for example, cosmetic treatments and orthodontics, on a private basis.

The practice is open Monday to Thursday 8.30am to 6.00pm and Friday 8.30am to 4.30pm.

The practice is staffed by five dentists, a practice manager, six dental nurses, one of whom is the senior nurse and one student nurse, three hygienists and three receptionists.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Eight people provided feedback on CQC comment cards about the services provided. Every comment was very positive about the staff and the service. Patients commented that the practice was clean, hygienic and

Summary of findings

modern, and they found the staff friendly, considerate and caring. They had trust in the staff and confidence in the dental treatments, and said that they were always given clear, detailed and understandable explanations about dental treatment. Several patients commented that the dentists put patients at ease, have their patients best interests at heart and listen carefully.

Our key findings were:

• The practice recorded and analysed significant events, incidents and complaints and cascaded learning to staff.

• Staff had received safeguarding training and knew the processes to follow to raise any concerns.

• There were sufficient numbers of suitably qualified staff to meet the needs of patients.

• Staff had been trained to deal with medical emergencies and emergency medicines and

equipment were readily available.

• Premises and equipment were clean, secure and properly maintained.

• Infection control procedures were in place and the practice followed published guidance.

• Staff were supported to deliver effective care, and opportunities for training and learning were available.

• Clinical staff were up to date with their continuing professional development and met the requirements of their professional registration.

• Patient's care and treatment was planned and delivered in line with evidence-based guidelines, and current practice and legislation.

• Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.

• Patients were treated with dignity and respect and confidentiality was maintained.

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.

There were systems for identifying, investigating and learning from incidents relating to patient safety.

Staff understood their responsibilities for identifying and reporting potential abuse. Staff were trained in safeguarding and there were policies and procedures in place for staff to follow.

The practice had a recruitment policy and recruitment procedures which were in accordance with current regulations.

Risks had been identified and assessed and staff were aware of how to minimise risks.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals.

There were arrangements for managing medicines, including emergency medicines, to ensure they were stored safely.

There were systems to reduce and minimise the risk and spread of infection and the premises and equipment were clean, secure and properly maintained.

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. The practice monitored patients' oral health and gave appropriate health promotion advice tailored to the patient's individual needs. Dentists explained treatment options and costs to patients to assist them in making an informed decision.

Consent was obtained before treatment was commenced.

The dentists referred patients to other services for care in a timely manner.

Staff were registered with the General Dental Council and engaged in continuing professional development, (CPD), to meet the requirements of their registration. Staff were supported through training, appraisals, and opportunities for development.

Are services caring?

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

Patients commented that the staff were caring, polite, and friendly. They told us that they were treated with dignity and respect and their privacy was maintained.

Patient information was handled confidentially. We saw that treatment was clearly explained and patients were provided with written treatment plans.

Patients with urgent dental needs or in pain were responded to promptly and every effort was made to be seen by a dentist on the same day.

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

Patients had access to appointments and choice of dentists, to suit their preferences, and emergency appointments were available on the same day.

The practice had considered the needs of different groups of people and had made the practice easily accessible to people with disabilities, impaired mobility, and to wheelchair users.

Access to interpretation services was available.

The practice used the skill mix, experience and knowledge of the staff to improve outcomes for their patients.

Information about emergency treatment and out of hours care was displayed at the practice entrance, on the answerphone and contained in the practice leaflet.

The practice had a complaints policy which was displayed in the waiting room and on the practice website.

Are services well-led?

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

The practice had a clear leadership structure and shared roles and responsibilities amongst staff. The practice had robust governance arrangements in place and clear policies and procedures which were being followed by staff.

Staff were supported to maintain their professional development and skills.

The practice staff met regularly to review all aspects of the delivery of dental care and the management of the practice.

Auditing processes and learning from complaints were used to monitor and improve performance.

Patients and staff were able to feedback compliments and concerns regarding the service and the practice acted on them. Patients commented that the practice took notice of their concerns.

Rothley Lodge 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 02 February 2016 and was led by a CQC inspector assisted by two dental specialist advisors.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, details of staff and proof of registration with their professional body.

We also reviewed information we held about the practice. We visited the NHS Choices website and noted that there were several positive reviews of the practice in the last 12 months.

During the inspection we spoke to staff, including dentists, dental nurses, receptionists and patients. We reviewed policies, procedures and other documents and observed some of the procedures in action.

We informed the NHS England area team and Healthwatch on 29 October 2015 that we were inspecting the practice but we did not receive any information of concern from them.

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

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013, (RIDDOR), although no reporting had been required.

The practice maintained an accident book which was completed appropriately with details of accidents involving staff. Staff understood the procedures to follow should things go wrong, and were able to demonstrate this in their handling of incidents and complaints.

Learning from incidents and complaints was documented and discussed at staff meetings. We were given an example of an incident involving a burn. Following the incident staff discussed what had happened and looked at ways to ensure this did not happen again

The practice had a system of passing on safety alerts received from the Medicines and Healthcare products Regulatory Agency. These alerts identify problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry. Clinicians were made aware of relevant alerts by the practice manager and we saw evidence that any necessary actions were carried out appropriately. Alerts were also discussed in staff meetings. Copies were retained for reference and all staff had signed to say these had been read.

Reliable safety systems and processes (including safeguarding)

The practice had a whistleblowing policy in place and a policy for safeguarding children and vulnerable adults which included contact details for reporting concerns and suspected abuse. Staff interviewed understood the policy and were aware of how to identify abuse and follow up on concerns. Staff were trained to the appropriate level in safeguarding and thesenoir dentists had lead role responsibilities.

The dentists were assisted at all times by a dental nurse. The practice maintained dental care records electronically and on paper. Each member of staff had their own computer password and computers were backed up daily. Screens in the reception area could not be overlooked ensuring patient's confidentiality was maintained.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. 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. The practice showed us that they had rubber dam kits available for use when carrying out endodontic (root canal) treatment.

The practice had clear processes to make sure that they did not make avoidable mistakes such as extracting the wrong tooth. The dentists told us they always checked and re-checked the treatment plan and re-examined the patient. They said they took particular care with this where they were extracting a tooth on the recommendation of another dentist (such as when carrying out orthodontic extractions). They told us they had a final read of the letter from the orthodontist and also asked the dental nurse assisting them to check this. The dentists were aware that carrying out incorrect dental treatment of any kind would be reportable to CQC.

Medical emergencies

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary.

We saw records of weekly checks to ensure medicines and equipment were within the expiry dates. Emergency medicines and equipment were stored centrally and were accessible to staff, and staff were able to tell us where they were located.

Staff trained together as a team in cardio pulmonary resuscitation, (CPR), annually, and were aware of the procedure to follow in an emergency. Regular CPR refresher training was carried out in between the annual training, in the form of 'lunch and learn' updates.

Staff recruitment

The practice had a recruitment policy, which was in accordance with current regulations, and maintained recruitment records for each member of staff. We reviewed four staff files and saw evidence of dental care professionals' registration with the General Dental Council, proof of their

indemnity cover and evidence that Disclosure and Barring checks had been carried out for staff.

Are services safe?

A master list was maintained which contained details of dental care professionals' registration and indemnity and ensured these were current.

The practice had an induction programme. Clinical and non clinical staff confirmed to us that they had received an induction when they started work at the practice. New staff undertook a programme of induction and training before being allowed to carry out any duties at the practice. The lead nurse explained to us that trainee nurses completed months of theoretical and practical training during their time as a student. They then undertook a period of supervised work before being allowed to work unsupervised. Several staff in different roles commented that the management and senior staff were very supportive.

Responsibilities were shared between staff, for example the senior nurse was the lead for infection control. One of the dentists was the lead for clinical audits and appraisals.

Monitoring health & safety and responding to risks

The practice had arrangements to ensure continuing care for patients in the event of potential disruptions to the service. The practice manager was additionally a qualified dental nurse and able to provide cover for unexpected absences.

The practice maintained a list of contact details for service engineers, contractors and staff in the event of disruptions.

The practice had an overarching health and safety policy which detailed arrangements to identify, record and manage risks, underpinned by several risk specific assessments, for example, manual handling, radiation and sharps, with a view to keeping staff and patients safe. The practice had procedures to assess the risks from substances in accordance with the Control of Substances Hazardous to Health Regulations 2002, and maintained a comprehensivefile containing details of products in use at the practice, such as, materials used for dental treatment and cleaning products. The practice retained the manufacturers' data sheets to inform staff what action to take in the event of a spillage, accidental swallowing or contact with the skin. Measures were clearly identified to reduce risks and included the use of personal protective equipment for staff and patients. The practice had secure storage facilities for hazardous materials and appropriate signage was displayed.

We saw records of a recent fire risk assessment. Fire alarm testing, fire drills and emergency lighting were tested regularly and we saw evidence of these checks. An electrical installation test had been carried out. The practice had a daily fire safety checklist in use and spot checks on fire safety were also carried out regularly.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. Two of the dental nurses shared lead responsibility for infection prevention and control (IPC).

We saw that dental treatment rooms, decontamination room and the general environment were clean, tidy and clutter free. Feedback confirmed that the practice maintained high standards regarding this at all times. The practice employed a cleaner for general cleaning at the practice and we saw that cleaning equipment was safely stored in line with guidance about colour coding equipment for use in different areas of the building. An audit of general cleanliness at the practice was carried out every six months.

During the inspection we observed that the dental nurses cleaned the surfaces, dental chair and equipment in treatment rooms between each patient. We saw that the practice had a supply of personal protective equipment (PPE) for staff and patients including face and eye protection, gloves and aprons. There was also a good supply of wipes, liquid soap, paper towels and hand gel available. The decontamination room and treatment rooms all had designated hand wash basins separate from those used for cleaning instruments.

A dental nurse showed us how the practice cleaned and sterilised dental instruments between each use. The practice had a well-defined system which separated dirty instruments from clean ones in the decontamination room, in the treatment rooms and while being transported around the practice. The practice had a separate decontamination room where the dental nurses cleaned, checked and sterilised instruments. All of the nurses at the

practice had been trained so that they understood this process and their role in making sure it was correctly implemented. Different boxes were used to transport the dirty and clean instruments to and from the decontamination room.

The dental nurse showed us the full process of decontamination including how staff rinsed the instruments, checked them for debris and used the washer/disinfector and autoclaves (equipment used to sterilise dental instruments) to clean and then sterilise them. Clean instruments were packaged and date stamped according to current HTM01-05 guidelines. They confirmed that the nurses in each treatment room checked to make sure that they did not use packs which had gone past the date stamped on them. Any packs not used by the date shown were processed through the decontamination cycle again.

The dental nurse showed us how the practice checked that the decontamination system was working effectively. They showed us the paperwork they used to record and monitor these checks. These were fully completed and up to date. We saw maintenance information showing that the practice maintained the decontamination equipment to the standards set out in current guidelines.

The practice used single use dental instruments whenever possible which were never re-used and the special files used for root canal treatments were used for one treatment.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of Legionella. The practice used a recognised flushing method to prevent a build-up of legionella biofilm in the dental waterlines. Regular flushing of the water lines was carried out in accordance with the manufacturer's instructions and current guidelines.

The practice carried out audits of infection control every six months using the format provided by the Infection Prevention Society. The practice also completed an annual IPC report in line with guidance from the Department of Health code of practice for infection prevention and control.

The practice had a record of staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood. There were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument including the contact details for the local occupational health department.

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health. Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps and we saw that sharps containers were well maintained and correctly labelled. The practice had an appropriate policy and used a safe system for handling syringes and needles to reduce the risk of sharps injuries.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

Equipment and medicines

We looked at the maintenance schedules and routine, daily and weekly testing regimes for the equipment used at the practice. All records demonstrated that equipment was maintained in accordance with the manufacturer's instructions. This included equipment used in the decontamination and sterilisation of dental instruments, X-ray equipment and the medical emergency equipment.

All electrical equipment had been PAT tested using an appropriate qualified person. PAT is an abbreviation for portable appliance testing.

The practice recorded medicines prescribed and administered such as local anaesthetic. We saw from a sample of dental care records that dentists had recorded, the type of local anaesthetic used, the dose, area of administration and the batch number and expiry dates.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). They had a named Radiation Protection Adviser and Supervisor and a well maintained radiation protection file. This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

Are services safe?

We saw evidence that the dentists recorded evidence of the reasons why they had taken X-rays and X-rays were always checked to ensure the quality and accuracy of the images. The principle dentist quality assured this process. One dentist explained they were using a particular type of cone on the X-ray machine which was the same shape and size of an x-ray. This reduced the area of that was exposed to radiation. They showed us their ongoing clinical audit records for the quality of the X-rays they took; this showed they were using this process to monitor their own performance in this aspect of dentistry.

The dentists and dental nurses involved in taking X-rays had completed the required training. Two of the dentists had completed advanced radiological training and were members a number of radiological societies. Radiography standards at the practice were extremely high.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists confirmed the length and frequency of patients appointments were based on the patients individual assessed treatment needs so that each patient was given time without rushing. Comments received from patients reflected this.

We looked at a range of clinical and practice wide audits that had been carried out to help staff monitor the effectiveness of the service they provide. This included appointment waiting times, access by telephone, the quality of X-ray images taken and infection control. During our visit we found that care and treatment was planned and delivered in a way that ensured patients safety and welfare. We saw that a full medical history and list of medicines had been recorded in the patient record and had been reviewed regularly.

Health promotion & prevention

The practice was aware of the Public Health England "Delivering Better Oral Health" guidelines and were proactive in providing preventative dental care as well as providing restorative treatments. Dental care records that we viewed illustrated that discussions were carried out on smoking cessation and eating a healthy diet where required and patients we spoke with told us that they had been encouraged to stop smoking.

The water supply in Middlesex does not contain fluoride and the practice offered fluoride varnish applications as a preventative measure for both adults and children. The practice advised patients on how to achieve good oral health and maintain it.

Staffing

All dental care professionals apart from those in study, are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental care professionals must be appropriately qualified and meet the GDC requirements relating to continuingprofessional development.

The practice told us that staff kept records of their own continuing professional development, (CPD), and copies of CPD certificates were also retained by the practice. We reviewed CPD records and found them to contain a range of CPD in the core skills and more, which demonstrated staff kept up to date.

We saw evidence of core skills training for all staff; demonstrating that staff were meeting the requirements of their professional registration. The practice used a variety of means to deliver training to staff, for example, online training, manufacturer's seminars and videos, postgraduate deanery courses, 'lunch and learn' sessions and staff meetings. Nurses we spoke to gave examples of training delivered at staff meetings relating to updates in policies and learning from incidents.

The practice carried out staff appraisals annually during which staff training needs were identified.

We reviewed the appraisal records and noted these were a two way process with actions clearly identified.

Working with other services

The practice had effective arrangements for internal and external referrals. Patients were referred

internally to the hygienist and, for example, if they wished private consultations in relation to orthodontics. We saw internal referral forms, for example, from a dentist referring a patient to the hygienist. The hygienist described the internal referral system and explained how this worked.

The practice referred patients to a variety of secondary care and specialist options where necessary, for example, oral surgery.

Dentists and the hygienists were aware of their own competencies and knew when to refer patients requiring treatment not currently within their competencies.

Urgent referrals were made in line with current guidelines. Referrals were audited weekly by staff to ensure they were appropriate. A log of referrals was maintained to enable a referral to be traced, and a copy of the referral was kept in the patient's dental care records.

Consent to care and treatment

The dentists described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Following the initial consultations and assessments, and, prior to commencing dental treatment, patients were given a treatment plan to read.

Records were updated with the proposed treatment after this was finalised and agreed with the patient. The signed treatment plan was kept in patients' dental care records. The form and discussion with the dentist made it clear that

Are services effective?

(for example, treatment is effective)

a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs. The dentists and hygienist described how they obtained verbal consent at each subsequent treatment appointment. Patient consent was recorded in dental care records.

Patient feedback confirmed that information on procedures, costs, risks, benefits and options was clear and helpful.

Dentists explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. They told us they allowed patients time to think about the treatment options presented to them.

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentists gave examples of how they would take mental capacity issues into account when providing dental treatment, which demonstrated their awareness of the MCA. They explained how they would manage patients who lacked the capacity to consent to dental treatment. They told us if they had any doubt about a patient's ability to understand or consent to the treatment they would involve the patient's family and others as appropriate.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff interacting with patients in the waiting room and at reception. Staff were friendly and caring towards patients. Feedback given by patients on CQC comments cards and in interviews demonstrated that patients felt they were always treated with respect and kindness and staff were helpful.

A separate room was available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with the dentists and the hygienists. Conversations between patients and the dentists and hygienists could not be heard from outside the rooms which protected patients' privacy. Patient feedback also identified that staff listened to and acted on concerns.

Staff were clear about the importance of emotional support when delivering care to patients who were nervous of dental treatment. This was confirmed by patients we spoke to and comment cards reviewed which said that this helped make the experience better for them.

Involvement in decisions about care and treatment

Dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. Comment cards we reviewed and patients we spoke with told us care and treatments were always explained in a way they could understand.

Further information was given to patients enabling them to make informed decisions about care and treatment options, such as, information about root canal procedures.

Patients commented that the staff were informative and that information they had been given on options for treatment was helpful. Staff confirmed that treatment options, risks and benefits were discussed with patients to assist them in making an informed choice.

NHS and private fee lists were displayed in reception and included on the practice's website. The practice had an extensive range of leaflets available in relation to dental treatments, and information was also available on the practice's website to assist patients with treatment choices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice premises was spacious, well maintained and provided a comfortable environment.

The practice tailored appointment lengths to patients' individual needs and patients could choose from morning, daytime or early evening appointments. Patients could express a preference as to which dentist they saw.

Patients could request appointments by email, telephone or in person. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. Reminders were sent by telephone, text or email, depending on the patient's preferred method of contact if the patient indicated their agreement to this. Patients commented that they found this very useful.

The practice carried out a patient survey to obtain feedback on a wide range of topics and patients were always able to provide feedback informally. Patient had requested more reading material in the waiting room. as a result the practice had subscribed to a monthly magazine service so that a volume of different reading material was available to patients. Patients we spoke with commented that they really liked the magazines available now.

Tackling inequity and promoting equality

The practice had an equality and diversity policy and had considered the needs of all population groups served by the practice. The practice had level access which took account the needs of people with disabilities, impaired mobility, and wheelchair users. The interior of the practice was well lit, with clear signs and use of colour contrast in internal decoration to help distinguish floors, walls, doors and door frames. The entrance mats were flush with the floors to avoid tripping.

The practice had fitted one of the treatment rooms with a wide door allowing wheelchair users, patients with disabilities, and impaired mobility to move around with ease.

One of the toilets was wheelchair accessible.

The practice had a section of the reception desk was at an appropriate height to accommodate wheelchair users. The practice had included clear information on the practice's website regarding accessibility and made provision for patients to arrange appointments by email, telephone or in person.

Staff had access to telephone translation services. The practice used a flagging system on patients' dental care records prompting staff to be aware of specific needs and practice staff proactively followed up children and vulnerable adult patients who repeatedly failed to attend appointments.

Access to the service

The practice opening hours and emergency appointment information were displayed at the entrance to the practice, on the answerphone, in the patient leaflet and on the website. Emergency appointments were available daily.

Out of hours information was displayed in the practice leaflet, at the practice entrance and on the website. Waiting times and delays were kept to a minimum and patients were kept informed of any delay. The practice carried out an audit of waiting times for patients at the end of the year, following feedback from patients that delays were occurring. The practice had put into place extended appointments for particular treatments which had been identified as taking extra time.

Concerns & complaints

The practice had a complaints process which was available on the practice website as well as in print at the practice. This contained information about relevant external bodies that patients could contact about their concerns if they were not satisfied with how the practice dealt with them.

We looked at information available about comments and compliments and complaints. The information showed that no complaints had been received. Patients we spoke with told us that they felt confident in raising any issues or concerns with the practice. However none of the patients we spoke to had cause to make a complaint as they were happy with the quality of care they had received.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure and governance arrangements in place. Staff we spoke to were aware of their roles and responsibilities within the practice and team work was a priority in the practice. Staff reported that the management staff were approachable and helpful.

Staff told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any concerns. Responsibilities were shared between staff, for example, some staff had lead roles. Staff told us they were allocated time for their lead role responsibilities.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained digitally and on paper and securely stored. All computers were password protected and the computer was backed up daily.

The practice had a range of policies and procedures and these were regularly reviewed and accessible to staff. We saw evidence that policies and procedures were being followed.

The practice had a recruitment policy and recruitment procedures which were in accordance with current regulations Quality was monitored by a range of clinical and non-clinal audits. We reviewed clinical audits in relation to infection control, X-rays and record keeping, and non-clinical audits in relation to health and safety, emergency procedures and waiting times and saw actions resulting from these were followed up and re-auditing was carried out. The re-audits demonstrated improvement on previous audit outcomes which contributed to improving quality of care.

The practice had obtained the British Dental Association Good Practice award consistently over a number of years.

Leadership, openness and transparency

All the staff we spoke to described an open and transparent culture which encouraged candour and honesty. Staff told us they would be comfortable in raising concerns with their colleagues or the practice manager. The dentists had a clear vision for the practice as evidenced in the practice's statement of purpose which we reviewed prior to the inspection. We saw evidence that the practice was delivering care in accordance with the objectives in the practice's statement of purpose.

The dentists told us that they used a variety of systems for supporting communication, including, for example, staff meetings. The practice held regular meetings with dates for these scheduled in advance to maximise staff attendance.

When staff were unable to attend the practice manager provided them with an update and we saw evidence that this was carried out. We saw minutes from recent meetings and these covered a range of topics such as learning from incidents, decontamination, and policies. Staff meetings were also used to deliver training, for example, infection control. Staff meetings were interactive all members of staff were incouraged to take part. The clinicians also met regularly for peer review and to look at issues, for example, the appropriateness of referrals.

Learning and improvement

We saw evidence that the practice learnt from incidents, audits, and feedback. Information was shared for example in staff meetings and on an informal daily basis. The practice could demonstrate how they used the data to inform and improve future practice and management.

The practice carried out training needs analysis for the practice as a whole to reflect the needs of their patient population.

One student nurse worked at the practice and they provided further opportunities for all staff to learn, for example, a fire drill was required as part of the trainee dental nurses course and the practice used this as an opportunity for all staff to refresh their knowledge.

There were a number of policies and procedures to support staff in improving the services provided.

We saw that dentists reviewed their practice and introduced changes to practice incorporating learning from their peer review meetings. One of the dentists had won two awards, one being young dentist of the year 2015.

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

The practice gathered feedback from patients in the form of regular patient satisfaction surveys. We saw evidence that the practice acted on feedback from patients, for example,

Are services well-led?

patients commented that they would find something to concentrate on during long appointments. One of the dentists had a television in a comfortable position that patients could watch during treatment. the dentist explained that after speaking with patients it was decided that nature documentaries dvds would be shown as this was the most popular.

The practice held regular staff meetings and informal daily chats. Staff told us that information was shared and suggestions encouraged in these meetings.

Staff reported they were happy in their roles, the practice was one big family and management took account of their views. Staff commented that they were well supported by management and colleagues and always able to seek clarification and assistance if they were unsure of any of their duties.