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Alford Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Alford Dental Care is a dental practice situated in the small market town of Alford in Lincolnshire. The practice is in a building that has been adapted for the purpose of dentistry and is all on the ground level. There are three treatment rooms, reception desk, separate waiting area, a small staff area at the back of the reception with a staff kitchen, a patient toilet, staff toilet and changing area and a manager's office. There is also a room that is used for storage accessible to staff only. Neither the patient or staff toilet is adapted for those patients that are disabled or with limited mobility. The entrance to the practice is from the street and can be easily accessed by those patients with limited mobility, wheelchair access, or pushchairs via a ramp.

There are three dentists working in the practice alongside five dental nurses and one receptionist. The dental nurses also cover reception duties. The practice employs their own cleaner.

The owner and provider 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.

Summary of findings

The practice provides NHS and some private dental treatment to adults and children. The practice is open Monday to Thursday from 8.30am to 5.45pm and Friday from 8am to 2pm. Monday to Thursday the practice closes for lunch from 1pm to 1.45pm.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 38 patients about the services provided.

Our key findings were:

- There was appropriate and well maintained equipment for staff to undertake their duties.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- The practice had the necessary equipment to deal with medical emergencies, and staff had been trained how to use that equipment. This included oxygen and emergency medicines.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Policies and procedures at the practice were kept under review.
- Dentists involved patients in discussions about the care and treatment on offer at the practice. Patient recall intervals were in line with National Institute for Health and Care Excellence (NICE) guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Patients were treated with dignity, respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led; staff felt involved and worked as a team.
- Governance systems were effective and policies and procedures were in place to provide and manage the service.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.

- All staff were clear of their roles and responsibilities.
- There was a process in place for reporting and learning from significant events and accidents.
- The practice had not completed a Disability Discrimination Act audit although they had identified improvements that could be made such as grab rails in the patient toilet.
- Complaints and incidents were not shared with all staff to discuss learning and outcomes although learning from complaints and incidents were documented and thorough.
- Rubber dam was not always used for root canal treatment as documented in guidelines issued by the British Endodontic Society.
- Audits were completed however these were not on an individual clinician basis; they were on a practice level so that learning points could be shared.
- Not all staff were able to explain how the principles of the Mental Capacity Act 2005 applied to their roles.

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

- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review the practice's system for reviewing incidents and complaints with a view to preventing further occurrences and feedback to all practice staff.
- Review whistleblowing policy to give staff the option of contacts outside of the organisation or practice such as the Care Quality Commission (CQC) or General Dental Council (GDC).
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the practice's protocols for patients signing to confirm updated medical history checks.

Summary of findings

- 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 storage of dental care records to ensure they are stored securely.

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents, and significant events. However learning and actions taken were not always shared with all staff.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse and were aware of the external reporting process and who was the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments. The practice had carried out infection control audits six monthly in line with national guidance.

Rubber dam was not always used for root canal treatment as documented in guidelines issued by the British Endodontic Society.

Are services effective?

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

Explanations were given to patients in a way they understood. Risks, benefits and options available to them were discussed.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer. A log of referrals was maintained to ensure referrals were completed and could be monitored.

Staff had not received training in the Mental Capacity Act (MCA) 2005 and were not all able to explain to us how the MCA principles applied to their roles. The dentists and staff were not all aware of the assessment of Gillick competency in young patients however; there was a policy in place for this. The Gillick competency is used 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?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially however some paper records were stored in filing cabinets that could not be locked. Patients provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patient's feedback told us that explanations and advice relating to treatments were clearly explained, options were given and that they were able to ask any questions that they had. Nervous patients said that they were made to feel at ease.

Patients with urgent dental needs or pain would be responded to in a timely manner with patients being seen within 24 hours were necessary.

Summary of findings

Are services responsive to people's needs?

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

The practice was well equipped. The practice was accessible for people that used a wheelchair or those patients with limited mobility.

The practice had one patient toilet which was not fully accessible for those in a wheelchair or with limited mobility. The practice had not completed a Disability Discrimination Act audit although they had identified improvements that could be made such as grab rails in the patient toilet.

The practice surveyed patients by using the NHS friends and family test. The practice also responded to comments that had been left on NHS choices.

Are services well-led?

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

Staff were involved in leading the practice to deliver effective care.

Staff were supported to maintain their professional development and skills. Appraisals had not taken place on an annual basis however we saw that the staff had completed personal development reviews and were due to meet with the provider to discuss these which identified areas for development and training needs.

We saw that practice meetings were not regular however we did see that they were minuted.

Alford Dental Care

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 30 March 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the practice owner, dentist, dental nurses and receptionist and reviewed policies, procedures and other documents. We reviewed 38 comment cards that we had left prior to the inspection for patients to complete; about the services provided at the practice.

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 procedures in place to investigate, respond to and learn from accidents and complaints. There was a process in place for reporting and learning from significant events and accidents. There were forms available for staff to complete. Staff understood the process for accident and incident reporting including the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

There was an accident book where staff would record accidents such as needle stick injuries. There had been seven accidents reported, the last in 2016 which was a needle stick injury. The incident had been investigated and appropriate steps had been taken to deal with the injury. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the practice manager if anything did occur. The practice had a no blame culture and policies were in place to support this.

The practice had received four complaints in the last 12 months. There was a practice policy for dealing with complaints and the staff were aware of this. The practice had a process in place which included complaints being investigated, followed up and lessons learned from them. We saw a record of the complaints received which included the response and outcome of the complaints. The practice had discussed these with the staff member that the complaint was in relation to; however, they had not been shared with other staff at practice meetings to share learning. Lessons learned were documented and also shared in some cases in the response letter to the complainant. We spoke with the principal dentist about this who said that they would also look to incorporating lessons learned at a practice level.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of

abuse. Staff said that they would refer to the policy for local contact numbers or would look on the internet for contact details. We spoke to the provider in relation to this and they decided to put a safeguarding flowchart with the numbers to contact in each treatment room, reception and in the office. From records viewed we saw that staff at the practice had completed training in safeguarding adults and children applicable to their roles. The principal dentist was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice. The practice had booked the next training date for all staff to attend for October 2016.

The practice had a whistleblowing policy which gave information on how to raise concerns. Staff we spoke with were clear on different organisations they could raise concerns with for example, the General Dental Council or the Care Quality Commission if they were not able to go directly to the provider however these were not mentioned in the whistleblowing policy. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

We spoke to the dentists about root canal treatment and we were told that it was not always carried out using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). We spoke with the provider about this and was told that they would ensure it was used in all cases following the inspection.

The practice had an up to date employer's liability insurance certificate which was due for renewal November 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

Medical emergencies

There were suitable arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), which is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in

Are services safe?

a dental practice. These medicines were stored as per the condition that may present and the dosages written on them. We saw that the expiry dates were monitored by the practice using a monthly check sheet. The practice had access to oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. We saw records that the equipment including the oxygen and AED were checked weekly. Staff had been trained annually in basic life support and was booked for the next session in April 2016.

Staff recruitment

The clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service (DBS) check was necessary. 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 the dentists had DBS checks in place however the other staff did not have. The provider had risk assessed that none of the staff other than the dentists are alone with a patient and therefore had made the decision not to have a DBS check completed. However following the inspection the provider decided that they would apply for a DBS for all staff at the practice and new starters.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies including a Control of Substances Hazardous to Health (COSHH) file. The COSHH file was comprehensive however some of the information sheets were dated from 1989 and was in need of review to ensure all the information was current and up to date. The practice had carried out risk assessments including fire safety, health and safety and legionella. We saw that these had action plans in place and that the actions had been signed off when completed.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. Water tests were being carried out on a monthly basis. This helped to ensure that patients and staff were protected from the risk of infection due to the growth of the Legionella bacteria in any of the water systems.

Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested. Records showed that this was completed weekly. Fire equipment was checked by an external company however before the inspection the provider had noticed that the fire extinguishers had not been checked since September 2014. The provider had arranged for this to take place and following the inspection we saw evidence that this had occurred the week after the inspection. The practice had six monthly fire drills with the last one taking place in March 2016.

Systems, policies and procedures were in place to manage risks at the practice. The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The practice had a separate book which contained contact details of staff, other local practices, gas, electricity and water companies.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The practice employed a cleaner who came in each day and was responsible for the general cleaning of the practice. The dental nurses were responsible for cleaning and infection control in the treatment rooms. There were schedules in place for what should be done and the frequency by the dental nurses and we saw that these were signed when completed. There was no schedule in place for the general areas nor were there any records to confirm what had been done and when by the cleaner. The practice had systems for testing and auditing the infection control procedures with the last audit having taken place in January 2016 which included actions that had been completed.

Are services safe?

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment rooms, decontamination room and toilet area.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The dentists were responsible for the removal of needles to reduce the risk of needle stick injury. The practice used sharps bins (secure bins for the disposal of needles, blades or any other instruments that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored securely prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices. The decontamination room had dirty and clean zones in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurse was knowledgeable about the decontamination process and demonstrated they followed the correct procedures. All the equipment had been regularly serviced and maintained in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly.

Files reflected staff Hepatitis B status. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing took place on all electrical equipment in October 2015 by a qualified electrician. This was completed annually.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance. We saw detailed logs of checks carried out.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date for use.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were located in the rooms where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. We saw certificates that showed maintenance for this equipment was completed at the recommended intervals. Risk assessments and radiation surveys had been conducted and we saw that recommendations that had resulted from these had been carried out.

We saw an X-ray audit had been carried out. This included assessing the quality of the X-rays which had been taken. Audits that had been completed were by practice rather than been completed for each dentist. We spoke with the provider who said that in future the audits would be split for each dentist so that results and any concerns could be easily identified and rectified. The results of the most recent audit confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw training records that showed the qualified staff had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records with some paper records still held. The practice had policies and procedures in place for assessing and treating patients. The provider carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The provider used National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This took into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed general patient care with the provider and dental nurses and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth and gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. This included an update on their health conditions, current medicines being taken and whether they had any allergies. Medical history checks were updated by each patient every time they attended for treatment however these were verbal and the patients did not sign to say confirm this.

Health promotion & prevention

The waiting room and reception area at the practice contained literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that clinical staff had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice consisted of three dentists working in the practice alongside five dental nurses and one receptionist. The dental nurses also covered reception duties. The practice employed their own cleaner. The Care Quality Commission comment cards that we viewed showed that patients had confidence and trust in the dental staff.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e-learning. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures for appraising staff performance and we saw that this was in the process of being completed. The staff had recently completed a personal development review and had been booked to have this reviewed with the provider. This had not previously been completed annually however the provider said that this would now be the case. Learning needs were identified to be discussed. We observed a friendly atmosphere at the practice. Staff told us that the principal dentist was supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice showed that referrals were made in a timely way. Letters would be sent and for urgent referrals. The letters were attached to the patient record. Each treatment room had a referrals folder that the dentist completed. We saw that these were also followed up and the outcome of the referral was completed.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were

Are services effective?

(for example, treatment is effective)

presented with treatment options, and verbal consent was received and recorded. The staff were not all aware of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Staff were aware of the need to obtain consent from patients and this included information regarding those

who lacked capacity to make decisions. Staff had not received Mental Capacity Act 2005 (MCA) training and were not all fully conversant with its relevance to the dental practice. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The reception area was separate to the waiting area which helped to maintain confidentiality. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Paper records that were held in filing cabinets behind reception, these were not all able to be locked. The provider was in the process of moving any records that could not be locked into a secure area. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients nearby, and to maintain confidentiality a separate area could be used for personal discussions.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of, patient information. We observed the interaction

between staff and patients and found that confidentiality was being maintained. Staff were aware of the need to lock computers, store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 38 comment cards completed by patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy, that the service was professional and that the staff were caring and helpful. Patients said that explanations about their treatment were clear. Feedback in relation to patients who were nervous commented how the staff were understanding and they were made to feel at ease.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS costs was displayed in the waiting area. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflets and complaints procedure.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, we were told that patients would be seen within 24 hours.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. The practice had considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. However a disability audit had not taken place looking at the access to the practice and assessing if any improvements could be made.

The practice had access to a translation service if necessary. There was level access into the building via a ramp at the main entrance. The toilet facilities were not suitable for those patients that used a wheelchair or had limited mobility however the practice were planning to install grab rails in the toilet at a later date.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. We were told that those patients that were in pain would be seen within 24 hours if necessary.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice opened Monday to Thursday from 8.30am to 5.45pm and Friday from 8am to 2pm. Monday to Thursday the practice closed for lunch from 1pm to 1.45pm.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The practice had received four complaints and these were recorded with the details of the complaint and the outcome in relation to each one. We saw learning from complaints and we also saw thorough and detailed responses that had been sent to complainants. An apology was always included and some of the responses thanked the patients for their comments and explained actions that would be implemented to prevent reoccurrence. Information for patients about how to make a complaint was seen in the practice leaflet and a poster in reception.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. The practice owner was the governance lead for the practice. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. The practice had organised folders which included a sheet to say the policies had been reviewed. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

Staff said they felt comfortable about raising concerns with the provider. They felt they were listened to and responded to if they did raise a concern. Staff told us they enjoyed their work and were well supported.

We found staff to be hard working, caring and committed to the work they did. Staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

Practice meetings were held although not regularly and were minuted. We saw that discussions were held in relation to training, clinical record keeping and complaints.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources including e-learning.

We found that clinical and non-clinical audits were taking place at the practice including infection control, record keeping and X-ray quality. Audits for record keeping and radiographs had been conducted at practice level rather than on an individual dentist basis. We discussed this with the provider that the results would be more meaningful if these were conducted per clinician. The provider agreed that these would be completed individually going forward.

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

Staff told us that patients could give feedback at any time they visited. The practice took part in the NHS friends and family test where patients would say how likely they would be to recommend the practice to their friends and family. The provider collated the results however these were not shared with the patients. Since the inspection the provider has displayed the results of the survey in the waiting area.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints received would be discussed with the people concerned however these were not discussed at a practice level with the full team.

Staff told us they felt valued and were proud to be part of the team.