

Pearl Smile Limited

Westwoodside Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 November 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

Westwoodside Dental Practice is situated in Westwoodside, South Yorkshire. The practice offers mainly NHS dental treatment to patients of all ages and also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has two surgeries, a decontamination room, a waiting area and a reception area. All of the facilities are on the ground floor of the premises along with a patient toilet.

There are two dentists, one dental hygienist, three dental nurses, one receptionist and a practice manager.

The opening hours are Monday and Thursday from 9-00am to 6-45pm, Tuesday and Wednesday from 9-00am to 5-30pm and Friday from 9-00am to 1-00pm.

One of the practice owners 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'.

Summary of findings

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.

During the inspection we received feedback from 38 patients. The patients were positive about the care and treatment they received at the practice. Comments included staff were caring and professional. They also commented the premises were hygienic and safe; they were listened to and were provided with good advice regarding treatments.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided.
- We observed patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- Not all staff had a good understanding of the Mental Capacity Act, Gillick competency and safeguarding.

- The arrangements for the Control of Substances Hazardous to Health were rather disorganised.
- There was some confusion around the water temperature testing for the Legionella risk assessment.

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

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance
- Review its 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 the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's procedure for obtaining proof of immunity to Hepatitis B for clinical staff.
- Review the practice's audit protocols of various aspects of the service such as radiography and infection prevention and control are carried out at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff told us they felt confident about reporting incidents, accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. On the day of inspection there was no glucagon in the medical emergency drug kit. We saw evidence this was ordered to arrive the next day.

X-ray equipment was serviced in line with the manufacturer's guidance. Local rules were available within the surgery.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

There was limited evidence of appropriate immunisation against Hepatitis B for some staff.

We noted the water temperature tests required by the Legionella risk assessment were below that suggested in the risk assessment. We were told this would be discussed with staff to ensure the temperature was achieved.

The arrangements for COSHH was rather disorganised as some were on paper and some were on line. Staff were unsure where different safety data sheets were kept.

No action



Are services effective?

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

Patients' dental care records provided information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

No action



Summary of findings

We noted X-rays were not justified, not always given a quality assurance grade and reports were not detailed. This issue was raised with the practice manager and the dentists. We were told this would be discussed with the practice owner to ensure this was rectified.

Even though the dentists were not fully aware of the 'Delivering Better Oral Health' toolkit (DBOH) preventative advice and treatment was provided well. This included fluoride application and oral hygiene advice.

Staff were encouraged to complete training by the practice manager and much of the CPD was paid for by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

The dentists did not have a good understanding of Gillick competency or the Mental Capacity Act.

Are services caring?

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

During the inspection we received feedback from 38 patients. Patients commented staff were caring and professional. Patients also commented they were listened to and provided with good advice regarding treatments.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

No action



Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice was accessible for patients in a wheelchair or with limited mobility to access treatment.

No action



Are services well-led?

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

There was a clearly defined management structure in place and staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

No action



Summary of findings

There were good arrangements in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. There were some areas of audit which required improvement. For example, the Infection Prevention Society audit was only completed on an annual basis and an X-ray audit had only been completed for one dentist.

They conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

Westwoodside 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

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

During the inspection we received feedback from 38 patients. We also spoke with two dentists, three dental

nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. There had not been any significant events in the previous 12 months. Staff were familiar with what a significant event would be. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and were stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. Staff described to us a recent safeguarding referral which was made. This had been done in line with the practice's safeguarding policy. The practice manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. Some members of staff did not have a complete awareness of safeguarding issues. This was raised with the practice manager on the day and we were told this would be addressed and further training would be carried out.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a needle re-sheathing device, a protocol whereby only the dentists handle sharps and guidelines about responding to a sharps injury (needles and sharp instruments).

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used

in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and found them to be in date and in line with the Resuscitation Council UK guidelines. We checked the emergency medicines and found there was no glucagon. We saw evidence this was ordered on the day of inspection to arrive the next day. All other medicines were in date and in line with guidance from the BNF.

The practice had an Advisory External Defibrillator (AED) to support staff in a medical emergency. (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.).

Records showed weekly checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed

Are services safe?

staff. These 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. We reviewed records of staff recruitment and these showed all checks were in place.

We saw evidence staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff. We saw evidence of titre levels (against Hepatitis B) for most members of staff but for two members of staff these were not available. This was raised with the practice manager and we were told this would be addressed.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. The practice manager carried out an annual health and safety risk assessment of the practice. This was used to identify any risks which may not have been identified in the day to day working of the practice.

There were policies and procedures in place to manage risks at the practice. These included the use of the autoclave, eye injuries, manual handling and slips, trips and falls.

An external fire risk assessment had been carried out and staff had attended fire training. We saw the fire alarm was checked on a monthly basis. We noted the last fire drill was carried out in October 2015. The practice were therefore overdue to carry out a fire drill. The practice manager was aware of this and told us one would be organised as soon as possible.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. We were told that some COSHH risk assessments were held in the folder and some were stored electronically. When we asked staff to locate a certain risk assessment they were unable to do so as they were unaware some forms could be accessed

electronically. This issue was raised with the practice manager and we were told that all COSHH risk assessments would be available in a paper format and would be alphabetical.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. One of the dental nurses was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

Staff had received training in infection prevention and control.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

Are services safe?

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in February 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. This audit should be carried out every six months. The practice had only been doing this every year. This was highlighted to the practice manager and we were assured it would be completed on a bi-annual basis.

Records showed a risk assessment process for Legionella had been carried out in May 2016 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month, the use of a water conditioning agent and quarterly tests on the on the water quality to ensure Legionella was not developing. We noted the hot water temperatures were slightly below that recommended in the risk assessment. We were told this would be discussed with staff and any action would be taken as appropriate if the temperatures did not reach 50 degrees centigrade.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. We saw evidence of validation of the autoclaves, washer disinfector and the compressor. Portable appliance testing (PAT) had been completed in September 2015 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance. Prescriptions were stamped only at the point of issue.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in both surgeries and within the radiation protection folder for staff to reference if needed.

We saw evidence of X-ray audits being carried for one dentist. An action plan had been made after the first audit. The audit had been repeated after three months to check on any improvements. We noted improvements had been made. There had not been an X-ray audit carried out for the other dentist. We discussed the importance of carrying out X-ray audits for all clinicians with the practice manager and we were assured this would be done.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records included details of the condition of the teeth, soft tissue lining the mouth, 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.

Whilst reviewing dental care records we noted X-rays were not justified, not always given a quality assurance grade and reports were not detailed. This issue was raised with the practice manager and the dentists. We were told this would be discussed with the practice owner to ensure this was rectified.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

The dentists were not fully aware of the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. We did find that they were carrying out preventative treatments

and advice in line with the DBOH toolkit. These included the application of fluoride varnish and fissure sealants to children and the prescription of high fluoride toothpastes for patients at high risk of dental decay.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist that smoking cessation advice was given to patients where appropriate. This was not documented in the dental care records. This was discussed with the practice manager and the dentists to ensure any advice given to patients was fully documented in the dental care records.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included an overview of the infection control procedures, the safeguarding policy and the complaints procedure. We saw evidence of completed induction checklists in the personnel files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. Staff told us when there was a dentist off they were encouraged to complete on-line CPD during work hours. They had access to the internet in the manager's office to do this. This avoided them having to do the training in their own time.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered provider or practice manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the

Are services effective?

(for example, treatment is effective)

patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation.

The dentists completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to make the hospital aware it was being sent.

Consent to care and treatment

Patients were given information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information to give informed consent. The dentists described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and

make decisions. The dentists did not have a good understanding of the concept of Gillick competency. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. This issue was raised with the practice manager on the day and we were told further training would be done.

Not all staff had a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. This issue was raised with the practice manager on the day and we were told further training would be done.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. For more complicated treatments patients were given consent forms which outlined the risks and benefits of the proposed treatments. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone. It was clear the dental nurses were very caring and always strived to treat patients with care and attention.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented the dentists were good at explaining what they were going to do and provided good advice.

Patients were also informed of the range of treatments available in the practice information leaflet and in leaflets available in the waiting area and on the practice's website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented they were able to get emergency appointments when required.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included step free access to the premises and a ground floor toilet. The ground floor surgeries were large enough to accommodate a wheelchair or a pram.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website. The opening hours are Monday and Thursday from 9-00am to 6-45pm, Tuesday and Wednesday from 9-00am to 5-30pm and Friday from 9-00am to 1-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. The practice

had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service. When we reviewed the practice information leaflet we saw the emergency contact details had not been updated from NHS direct telephone number to the NHS 111 service. We were told the leaflet would be updated with the correct contact details.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. There had not been any complaints received in the past 12 months. We saw historically complaints had been dealt with in line with the practice's policy.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within six months. If the practice was unable to provide a response within six months then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had some governance arrangements in place to ensure risks were identified, understood and managed appropriately. We noted some areas which need improvement, for example in the organisation of the COSHH folder and the process for ensuring fire drills are carried out regularly.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as CPD, team work and administrative issues were discussed.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as

medical history completion, adherence to NICE recall guidance and X-rays. We looked at the audits and saw the practice was performing well. An X-ray audit had also not been completed for one of the dentists. This was brought to the attention of the practice manager and we were told this would be done.

Staff told us they had access to training to ensure essential training was completed; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. The practice manager paid for staff to attend training including CPD events organised by the postgraduate deanery.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out patient satisfaction surveys. The satisfaction survey included questions about waiting times, the availability of seating in the waiting room and the friendliness of staff.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Comments from the FFT were displayed in the waiting room for all patients to see.