Harunani & Co Group of Dental Surgeries

Dentistry For You - Leigh on Sea

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 May 2015.

The practice employs five dentists, one hygienist, three dental nurses, a practice manager and three receptionists. All staff work flexible part time hours to meet the needs of patients and the business. The practice also has a 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.

The practice provides primary dental services to private patients only. The practice is open between 9am and 8pm Monday to Friday and between 9am and 4pm on Saturdays for pre-booked appointments.

We spoke with six patients during the inspection. They told us that they were very satisfied with the services provided, that the dentists provided them with clear explanations about their care and treatment and that staff listened and treated them with care, dignity and respect.

We viewed CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. There were 36 completed comment cards and all of them reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic and that the premises were good. They also said that they found it easy to book an appointment and the quality of the dentistry treatments and advice they received was excellent. Patients said explanations given about their treatments were clear and that the staff were kind, caring and reassuring.

The provider was providing care which was safe, effective, caring, responsive and well-led and the regulations were being met.

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes were made patients were notified about the outcome of any investigation and given a suitable apology.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.

Summary of findings

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current 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.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided and acted on these to improve patient's experience.

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

- Ensure the complaints procedure is updated to include timescales for investigating and responding to these; and details of how to patients may escalate complaints should they remain dissatisfied with the outcome.
- Ensure that patient records are maintained consistently with detailed descriptions of assessments and treatments carried out and the advice given to patients.

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 responded to national patient's safety and medicines alerts and took appropriate action. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented. Learning from safety alerts, incidents and complaints were shared with staff to improve safety within the practice.

Patients were informed if mistakes had been made and given suitable apologies. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were recruited robustly and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times. Infection control procedures were robust and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

Consultations, examinations and treatments were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services as needed in a timely manner. Staff understood the Mental Capacity Act and offered support to patients when necessary. Staff were aware of parental responsibilities and Gillick competency in relation to children under the age of 16.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients told us they were listened to and not rushed. They told us that they were always given enough time to ask questions and to seek advice about their treatments. Some patients also told us that the dentists and dental nurses were particularly sensitive when treating nervous or anxious patients. Treatment was clearly explained and patients were provided with written treatment plans. Patients were given time to consider their treatment options and felt involved in their care and treatment. Patients were often contacted after receiving treatment to check on their welfare.

Are services responsive to people's needs?

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

Patients we spoke with and those who completed comment cards told us that they were happy with the practice. Appointment times met the needs of patients and waiting time was kept to a minimum. Patients received reminders by telephone about their appointments. Information about how to access routine appointments and emergency treatment was made available to patients. A practice leaflet was provided to all new patients and they had access to

Summary of findings

an iPad in the waiting area, which provided information about the range of treatments available. The practice had made reasonable adjustments to accommodate patients with a disability or issues with mobility. Patients who had difficulty understanding care and treatment options were supported. The practice handled complaints in an open and transparent way and apologised when things went wrong. The complaints information did not include details for the timescales for investigating and responding to complaints; and how a patient may escalate their concerns should they remain dissatisfied with the outcome.

Are services well-led?

We found that this practice was providing care which was well led in accordance withthe relevant regulations.

The practice provided clear leadership and involved staff in their vision and values. Regular staff meetings took place and these were minuted. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place. The practice sought the views of staff and patients and acted on these to improve patient safety and their overall experience. Health and safety risks had been identified, which were monitored and reviewed regularly.

Dentistry For You - Leigh on Sea

Detailed findings

Background to this inspection

The inspection took place on 5 May 2015 and was conducted by a CQC inspector and a dental specialist advisor.

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.

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, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice.

During the inspection we spoke with the dentist, the dental hygienist, the registered manager, operations manager, the practice manager, two dental nurses and the receptionist. We also spoke with six patients. We reviewed policies, procedures and other documents. We reviewed 36 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager. The practice had a no blame culture and policies were in place to support this. We looked at records for two safety incidents that had been reported since November 2014 and saw that these had been reviewed and actions taken where required to minimise recurrences. Information and learning from the incidents were shared with staff.

There were procedures in place for acting on complaints and other concerns raised by patients. The practice manager told us that there had been no complaints made since the practice was registered in November 2014.

The practice responded to national patient safety and medicines alert that affected the dental profession. These were reviewed by the registered manager and practice manager and information was cascaded to all members of staff and discussed at regular practice meetings. Where safety or medicine alerts affected patients, their electronic patient record was reviewed and amended so that the dentists were aware of any action to take when the patient attended the practice. Patient's medical history records were updated to reflect any issues resulting from the alerts.

The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH) such as cleaning materials and other hazardous substances. Each type of substance used at the practice that had a potential risk was recorded and graded to minimise risks to staff and patients. Measures were clearly identified to reduce such risks including the provision of personal protective equipment for staff and patients and safe storage of all chemical substances.

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 who to report concerns to. They were also aware of how to refer concerns to external agencies should they need to. There were flow charts for staff to refer to and contact details for agencies including the Royal Society for the Protection of Children (RSPCA) and ChildLine. All staff we spoke with were also able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that all staff at the practice were trained in safeguarding adults and children. The practice manager had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations. There had been no safeguarding concerns raised since the practice was registered in November 2014.

The practice had a chaperone policy in place and staff were aware of their responsibilities when carrying out this role.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the treatment of anaphylaxis (allergic reaction) and the use of the defibrillator (an electrical device that delivers a measured electric current to treat certain cardiac emergencies). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the 'Resuscitation Council UK' and the British National Formulary guidelines on medicines and equipment for the treatment of medical emergencies. Information leaflets were kept with emergency medicines to assist staff, describing their use. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded and the checking procedures were regularly monitored.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications,

Are services safe?

registration with professional bodies where relevant, employment references and whether a Disclosure and Barring Service check was necessary. We looked at the files for four members of staff employed and found that the process had been followed. We saw that staff were interviewed to further determine their suitability to work at the practice.

The practice had a detailed role specific induction system for new staff. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practice's policies and procedures. We saw records from staff induction and these were completed showing that staff induction was appropriate to their roles and experience.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred there was appropriate staff cover. The registered manager told us that staff from other practices within the company could be called upon in the event of urgent cover being required.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice. Where risks were identified control measures put in place to reduce them. Weekly checks were carried out by the area manager and these included reviewing risks and the arrangements for minimising these. Staff we spoke with were aware of health and safety procedures and knew who to report any identified risks

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, and fire evacuation procedures. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Equipment used in patient treatments and other equipment such as fire extinguishers, emergency lighting and fire alarms were regularly checked and tested.

Infection control

The practice was visibly clean, tidy and uncluttered. A cleaning company was employed and there were detailed cleaning schedules in place which showed the areas and frequency of cleaning tasks completed. An infection control policy was in place and the practice manager undertook a lead role in overseeing infection control procedures within the practice. Six monthly infection prevention and control audits were carried out in line with current guidance to ensure that these measures were effective.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises and hand sanitising gels were available at the reception area. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste materials were stored securely until collection.

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. Each of the dental surgeries had direct access to the decontamination room to facilitate the transportation of instruments safely. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01:05). On the day of our inspection, one dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice cleaned their instruments manually. Instruments were then rinsed and examined visually with a magnifying glass and cleaned in an ultrasonic bath, checked, packaged and sterilised in a vacuum autoclave. At the end of the sterilising procedure the instruments were dated with an expiry date and returned to the dental surgery. We looked at the sealed instruments in the surgeries and found that they all contained an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly

records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and told us they wore clean uniforms daily. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis infections and received regular blood tests to check the effectiveness of that inoculation. 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.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This included, flushing water lines and checking temperatures for hot and cold water and ensuring that these temperatures were appropriately maintained. An external contractor attended annually to ensure that procedures were in place to reduce the risk to staff or patients.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) had taken place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use and these were rotated regularly. We spoke with staff and found that the ordering system was effective. Emergency medical equipment and oxygen supplies were monitored regularly to ensure they were in working order and in sufficient quantities and records were kept of these checks.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were used safely and in line with local rules that were relevant to the practice and equipment. These were displayed in each of the surgeries. All staff had signed a document to indicate that they had read the X-ray procedure and local rules to ensure the safe use of the equipment.

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 people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and highlighted any areas for improvements, which were acted upon and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had comprehensive policies and procedures for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies. There was also consideration of whether the patient required an X-ray and whether this might put them at risk, such as if a patient may be pregnant.

We looked at a sample of 10 patient records and found that assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. We saw that some dental care records were incomplete and did not reflect all of the examinations carried out and the advice given to patients. Audits of patient records had been started however these were not completed.

Following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. A diagnosis was then discussed with the patient and treatment options explained. Where relevant, appropriate advice was given to patients to help improve their dental health. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as prescribing dental fluoride treatments. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Referrals were made electronically using an appropriate template, which included all the relevant patient information and details of the treatment proposed. Each patient's treatment was then monitored when they were referred back to the practice following treatment under sedation to ensure they received a satisfactory outcome and all necessary post procedure care.

Patients we spoke with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health. All new patients were provided with a welcome pack with information and a range of dental products including toothpaste, mouthwash and dental floss.

The dentist confirmed that adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Records we viewed confirmed that patients were given advice about dental hygiene, diet, tobacco and alcohol consumption. The dentist was aware of the NHS England publication for delivering better oral health which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. CQC comment cards that we viewed reflected that parents were overwhelmingly satisfied with the services provided for them and their children and they had made positive comments about the advice they received.

Staffing

The practice employed five dentists and one dental hygienist supported by a practice manager, three dental nurses and three receptionists. All staff worked part time and flexibly to meet the needs of patients and the business. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels.

Are services effective?

(for example, treatment is effective)

Staff training was being monitored and training updates and refresher courses, study days and away days were provided. The practice had identified some training that was mandatory which included basic life support and safeguarding. Staff we spoke with commented very positively about the support and training opportunities that they received. The receptionist told us that they were completing a National Vocational Qualification (NVQ) level 2 in customer care. Staff training and development was regularly monitored to ensure that they were up to date with all mandatory training and any courses required to meet their professional registration requirements.

All new staff underwent a period of induction that was tailored to their role and previous level of experience. The practice has procedures in place for appraising staff performance and we saw that staff learning and development needs were identified and planned for.

Staff numbers were monitored and identified staff shortages were planned for in advance wherever possible. The registered manager told us that they had not used any temporary agency staff and that if urgent staff cover was required staff from other practices within the organisation could be called upon.

Staff had access to the practice computer system and policies which contained information that further supported them in the workplace. This included current dental guidance and good practice. Staff meetings were used to seek feedback from staff about possible improvement areas.

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 care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice that was to provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

Consent to care and treatment

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. Staff we spoke with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time. Clinical and reception staff were aware of consent in relation to children under the age of 16 and parental responsibilities. They also understood their responsibilities in relation to consent in relation to children who attended for treatment without a parent or guardian. This is known as Gillick competence. They told us that children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test.

We saw that the practice had suitable consent forms and patients consent was obtained and recorded only once the treatment options, costs, intended benefits, potential risks; future / follow up care and alternatives had been explained and fully understood. The dentist told us that they rarely undertook treatment on the same day as they preferred to offer patients time to think about them, before returning and providing their consent for treatment. Only where matters were urgent or a patient was in discomfort did treatment take place on the same day.

The dentist and practice manager explained how they would support patients if their ability to understand was diminished. Staff confirmed that they would refer to the provisions of the Mental Capacity Act 2005. They told us that they would ensure that appropriate assessments had been completed and that any decisions made were in the best interests of the patient. At the time of our inspection the practice was due to meet with the local Public Health England as part of local initiatives for improving health for people with dementia.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate and empathetic care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff and the dental nurse that they considered whether conversations should be held at the reception area when other patients were present. They also confirmed that should a confidential matter arise, a private room was available for use.

A data protection and confidentiality policy was in place of which staff were aware. This 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. We saw that patient records, both paper and electronic were held securely.

We were told by staff that where they were concerned about a particular patient after receiving treatment, they were often contacted at home later that day or the next day, to check on their welfare.

Patients we spoke with and those who completed comment cards said that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. A number of patients told us the dentist was particularly sensitive to patients who were nervous or anxious about their treatment. The practice manager told us that longer appointment times were available for patients who required extra time or support, such as patients with learning disabilities.

Involvement in decisions about care and treatment

Patients we spoke with and those who completed comment cards told us that the dentists and dental hygienist listened to them and they felt involved with the decisions about their care and treatment. They told us that consultations and treatment were explained to them in a way they understood, followed up by a written treatment plan that was clear and that explained the costs involved.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of general and cosmetic dental treatments offered to patients, practice opening times and information about patient confidentiality and record keeping. The practice offered private treatments and the costs of each were clearly displayed and fee information leaflets were available.

Appointment times and availability met the needs of patients. The practice was open from 9am to 1pm and 2pm to 8pm on Mondays to Fridays, including Bank Holidays. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. Pre-booked appointments were available from 9am to 4pm on Saturdays.

Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one. We saw that patients who completed the practice patient survey indicated that they were happy with the ease of making appointments and getting through to the practice on the telephone.

Tackling inequity and promoting equality

The practice had a range of policies on anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs.

The practice premises were purpose built and all services were provided at ground floor level. The waiting area could accommodate wheelchairs, prams and pushchairs. A portable induction loop was available for patients with partial hearing loss. Accessible, adapted toilet facilities with grab rails and an emergency call system were available. Staff told us that they would assist patients according to their needs. Parking was available in a car park close to the practice.

The practice had considered the needs of patients who were unable to attend the practice. The practice manager told us that home dental visits were provided if required.

Staff told us that arrangements would be made to access online or telephone language translation services for patients whose first language was not English. They confirmed that this service had not been required since the practice opened in November 2014.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible. Pre-booked appointments were available on Saturdays.

Patients we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources.

The arrangements for obtaining emergency dental treatment were clearly displayed in the waiting room area and in the practice leaflet. Staff we spoke with told us that patients could access appointments when they wanted them. Patients we spoke with and those who completed comment cards confirmed that they were very happy with the availability of routine and emergency appointments

Concerns & complaints

The practice had a complaint procedure that set out how complaints were to be handled, investigated and responded to. Patients were advised in the practice information leaflet of how they could complain. The leaflet did not include information as to the timescales involved for investigation or the name of the person responsible for handling complaints. There were no details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly.

The practice manager told us that there had been no complaints raised since the practice was opened in November 2014. Staff we spoke with demonstrated that they knew the procedures to follow if patients wished to make verbal or written complaints. They told us that all complaints and concerns would be thoroughly investigated

Are services responsive to people's needs?

(for example, to feedback?)

and that any complaints about treatments would be reviewed by the dentists. Staff said that a suitable response and apology would be sent to the complainant with a refund of costs of treatment where this was appropriate.

Patients we spoke with on the day of our inspection had not had any cause to complain but felt that staff at the practice would treat any matter seriously and investigate it professionally. CQC comment cards reflected that patients were highly satisfied with the services provided.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

The practice had robust governance procedures in place. The clinical director / registered manager and practice manager conducted a wide range of checks and monitoring to ensure that the practice was managed safely and effectively to meet the needs of patients. We spoke with each and they all had a clear understanding of governance and their role and responsibilities. There were appropriate business plans in place for the growth and development of the practice.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they understood them and their roles and responsibilities in relation to their implementation.

The practice had systems for completing a range of clinical and non-clinical audits. These included infection control, staff training, patient satisfaction, patient records, oral health assessments and X-ray image quality. Where areas for improvement had been identified action had been taken. There was evidence of repeat audits to evidence that improvements had been maintained.

The practice had started audits on patient records. The initial results (from records completed by the dental hygienist) were completed and showed that treatment provided and advice given to patients was recorded consistently. The practice manager told us that these audits were to be developed further and that more regular patient records would be carried out.

The practice also used a dental patient computerised record system and all staff had been trained to use it. This enabled dental staff to monitor their systems and processes and to improve performance.

The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock of them and they were all in date. Records had been kept of the checking process.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. This was evident through conversations with staff who told us that there were clear leadership and line of accountability. Staff spoken with told that they were encouraged to report safety issues. They said that there was a 'no blame' culture within the organisation and that they felt confident to raise any concerns they had.

We saw that the management of the practice, areas for improvement and any changes in procedures were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

All staff were aware of whom to raise any issue with and told us that the practice manager and dentists would listen to their concerns and act appropriately.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment. Regular staff meetings took place and all relevant information cascaded to them. Meetings were minuted and made available for all to read. Prior to meetings staff were encouraged to consider items for the agenda and meetings were used positively to identify learning and improvement measures.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice. Staff spoke very positively about the open culture within the practice. They told us that there were opportunities for learning and personal development.

A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

The practice conducted regular patient survey by asking patients to complete a questionnaire about the services they provided. These asked patients to comment on areas of service including ease of making appointments, getting through to the practice by telephone, waiting times, the environment, treatment and practice staff. The practice reviewed the feedback and acted on and made improvements where this was practical and possible.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Staff we spoke with told us that they felt valued by the management team. They said that managers were fair and approachable. Staff said that their views were sought at appraisals, team meetings and informally. They told us their views were listened to and could make comments and suggestions as to how the practice might improve patient satisfaction and experience, which were taken into account.