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Parkside Dental Health Centre

Inspection Report

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Date of inspection visit: 3 March 2016

Date of publication: 13/04/2016

Overall summary

We carried out an announced comprehensive inspection on 3 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

Parkside Dental Health Centre is situated in the West Bowling area of Bradford, West Yorkshire. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has three surgeries, a decontamination room, one waiting area and a reception area. The reception area, waiting area and one surgery are on the ground floor. The other two surgeries are on the first floor.

There are three dentists, four dental nurses, two receptionists, a practice manager and an area manager.

The opening hours are Monday to Thursday from 9-00am to 5.00pm and Friday from 9-00am to 4-00pm.

The area manager 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 spoke with three patients who used the service and reviewed 24 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. Comments included that the staff were helpful, polite and caring. The service was described as excellent by several patients. They also mentioned that the practice was clean and comfortable.

Our key findings were:

- The practice had some systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff were qualified and had generally 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.
- The practice was clean and hygienic and the decontamination procedures were effective.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that 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 was responsive to the local demographic.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.

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

- Review the safeguarding training for staff; ensuring it is updated on a regular basis.
- Review the practice's waste handling procedure to ensure the external clinical waste bin is securely attached to the wall.
- Review the practice's protocol for the storage of local anaesthetics.
- Review the practice's protocol for the auditing of clinical records.
- Review the practice's process for formulating an action plan from the X-ray audit.

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 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

We noted that the practice had not completed a risk assessment relating to the safe use of sharps in accordance with the Safe Sharps Act 2013. However, we saw that one was completed whilst we were on site.

Some staff had received recent training in safeguarding. Staff were familiar with different types of abuse and were aware of the process required for reporting it.

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.

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.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

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). The practice focused strongly on prevention and the dentist was aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

The practice focussed strongly on prevention and they had created a display in the waiting room informing patients of the amount of sugar in different soft drinks.

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their core continuing professional development (CPD).

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

Are services caring?

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

Summary of findings

During the inspection we spoke with three patients who used the service and reviewed 24 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. Comments included that the staff were helpful, polite and caring. Patients also commented that they were involved in treatment options and everything was explained thoroughly.

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.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

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 appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

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 had made a notice board in the waiting room which included information in Urdu.

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 all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice and was supported by the area manager when required.

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, some of the audit processes could be improved.

They conducted the NHS Friends and Family Test (FFT) and were currently undertaking a patient satisfaction survey. We saw evidence that the practice had implemented changes in response to patient feedback.

Parkside Dental Health Centre

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 was led by a CQC inspector who was supported by a specialist dental adviser.

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

During the inspection we spoke with three patients who used the service and reviewed 24 completed CQC comment

cards. We also spoke with one dentist, three dental nurses, the practice manager and the area 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. We reviewed the incidents which had occurred in the last year and these had been documented, investigated and reflected upon by the dental practice. Any accidents or incidents would be reported to the practice manager or the area manager. Any incidents would be discussed at staff meetings in order to disseminate learning.

The practice manager and area manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The registered provider received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable 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. The practice manager was the safeguarding lead for the practice and had undertaken level two safeguarding training. We saw that other members of staff had completed safeguarding training. However, some staff were due for this training to be updated. Staff were able to describe to us some safeguarding situations which had occurred at the practice and it was evident that staff were aware of the different types of abuse, were confident about raising issues with the safeguarding lead and passing on information to the relevant safeguarding team.

The practice had systems in place to help ensure the safety of staff and patients. For example, there was a process for responding to a sharps injury (needles and sharp instruments), using a safe needle re-sheathing device and a

protocol to prevent nurses from handling syringes. However, there was not a written risk assessment for the safe handling of sharps. We saw on the day that a sharps risk assessment was completed.

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' clinical records were computerised and password protected to keep people safe and protect them from abuse. Any paper documentation relating to dental care records were stored in locked cabinets when the practice was closed.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). 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 emergency resuscitation kits, oxygen and emergency medicines were stored in an upstairs surgery. Staff knew where the emergency kits were kept. The practice had an Automated 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 including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full, the AED was fully 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 an interview, seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed. The area manager told us they carried out Disclosure and Barring Service (DBS)

Are services safe?

checks for all newly employed 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 that all checks were in place.

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 assessment was 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. For example, we saw that the flooring on the stairs had been fixed when it had been identified that it was starting to become a hazard. We also saw that the practice had undertaken an electrical installation risk assessment. This had identified some areas which required action. We saw that an electrician had been booked to address these issues.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B.

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. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. We saw that the COSHH folder had recently been updated by the practice manager to make it easier to use.

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)'.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment room 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 room 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. However, we noted that the external clinical waste bin which was situated at the rear of the building (which was accessible to the public) was not secured to the wall. This bin was locked; however, we felt that since it is accessible to the public it may be prudent to securely attach it to the wall. This was discussed the practice manager and we were told that this would be addressed.

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.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave. The decontamination room had clearly defined

Are services safe?

dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

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.

We saw that the practice manager conducted monthly cleanliness checks on all areas of the practice. These were done randomly to ensure that staff maintained a good level of cleanliness in the surgeries and non-clinical areas. If a problem had been highlighted then this would be discussed with the member of staff responsible for cleaning that area.

Records showed a risk assessment process for Legionella had been carried out (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 and using a dental unit waterline conditioning solution on a daily basis.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclave and the compressor. The practice manager maintained a list of all equipment including dates when equipment required servicing. We saw evidence of validation of the autoclave

and the compressor. Portable appliance testing (PAT) had been completed in February 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given to patients to keep a track of their safe use.

During the inspection we noted that local anaesthetic cartridges were stored loose in the drawers. This was brought to the attention of the practice manager and we were told that these local anaesthetic cartridges would now be left in the blister packs until needed.

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 that the X-ray equipment was regularly tested and serviced. We saw that the week before an X-ray machine had broken and this had been replaced. They were awaiting the acceptance test for this machine to ensure it is safe for use.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that 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 all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

An X-ray audit had been completed in February 2016. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). However, we noted that there was no documented action plans in place to address areas where improvements could be made. This was brought to the attention of the practice manager and we were told that these action plans would be derived and discussed with the dentists.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentist explained to us they 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 dentist told us that they used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

During the course of our inspection we discussed patient care with a dentist 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, gums and any signs of mouth cancer. During the inspection we noted that the dentist used dental loupes during examinations and whilst providing treatment. Dental loupes provide a dentist with a degree magnification which aids visual acuity and aids correct diagnosis and treatment of dental conditions.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient 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. Justification for the taking of an X-ray, quality assurance of each X-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with

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. For example, the dentist applied fluoride varnish to all children who attended for an examination. The dentist also explained how they applied fissure sealants to children at high risk of dental decay. High fluoride toothpastes were also prescribed for patients at high risk of dental decay.

The practice had a display in the waiting room with informing patients of the amount of sugar in different types of soft drinks. The practice website also had a great deal of information (including animations) about maintaining a healthy mouth.

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 and saw in dental care records that smoking cessation advice was given to patients who smoked. There were smoking cessation leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making staff aware of the layout of the practice, the location of emergency medicines, arrangements for fire evacuation procedures and the decontamination procedures. 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 by the practice manager 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 they had appraisals and training requirements were discussed at these. We saw evidence of completed

Are services effective?

(for example, treatment is effective)

appraisal documents. Staff also felt they could approach the practice manager or area 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 patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation. The practice 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 referring dentist to see if any action was required and then stored in the patient's dental care records. The reception staff kept a log of all referrals which had been sent and when a response had been received. This allowed the staff to keep an eye on the progress of a referral if a patient wanted an update.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give

informed consent. Staff 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 dentist told us how they would explain a treatment to a patient and they would ask the patient to repeat back the information. This allowed the dentist to ensure that the patient had sufficient understanding and indicated valid consent. We felt that this simple but effective method of checking patient understanding was good practice.

Staff described to us a good example of when they were unable to treat a patient due to a consent issue. A patient attended for treatment and due to language barriers staff were unable to be totally sure that the patient fully understood the proposed treatment. Because of this the patient was rebooked when an interpreter was available.

Staff had an 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.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. We saw from dental care records that these discussions were well documented.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that staff were helpful, polite and caring. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We received several comments on the CQC comment cards that the dentists were excellent when dealing with children. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

We saw that the paper parts of the dental care records did not have any names on them. The practice instead used

unique identification numbers for each patient. These numbers were entered into the computer system to allow the dentist to access the electronic records of the patient. We felt this system improved patient confidentiality.

Patients' electronic care records were password protected and regularly backed up to secure storage.

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 were also informed of the range of treatments available on notices in the waiting area, in an information folder in the waiting room and on the practices 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 appointment system in place to respond to patients' needs. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day and the patient had a genuine emergency (swelling, bleeding or trauma) then they would be offered to sit and wait for an appointment if they wished.

Staff described to us the procedure for emergency patients. Patients were advised to ring up at 9-00am to request an emergency appointment. The reception staff had a list of patients who had rung up to request an appointment. If any patients were unable to get an appointment then the reception staff would take a contact number for the patient and contact them if there was a cancellation that day.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

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. Due to the nature of the building access to the building would be difficult for those in a wheelchair. There was a step to access the building and the practice were not allowed to build a ramp as it would extend too far onto the pavement. Patients in a wheelchair would be either referred to a sister practice or to a community dental centre. For patients with limited mobility staff told us that they would help them if required. The dental chair in the ground floor surgery was designed to make it easier for those with limited mobility.

We saw that the practice had information displayed in the waiting room describing services which the practice offered including opening hours, the complaints procedure and charges. The practice also had this information displayed in the waiting room in Urdu. We were also told that some staff spoke Urdu. We felt that this was notable practice because it demonstrated an awareness of the local demographic.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website. The opening hours are Monday to Thursday from 9-00am to 5.00pm and Friday from 9-00am to 4-00pm.

Patients told us that they were rarely kept waiting for their appointment and if they were they would be informed by the receptionist that there would be a delay. 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 on the telephone answering machine. Information about the out of hours emergency dental service was also displayed in the waiting area, in the practice information leaflet and on the practice website.

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, in the practice information leaflet and on the practice website. The practice manager was responsible for dealing with complaints when they arose and the area manager was also available if the practice manager was unavailable. 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 that they aimed to resolve complaints in-house initially. If the patient was not satisfied with the result then there were contact details available for other services to deal with the complaint including NHS England and the CQC. We reviewed the complaints which had been received in the past 12 months and found that they 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 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service and was well supported by the area manager when required. 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 governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire safety, the use of equipment and infection control. As part of the monthly cleanliness checks the practice manager would also check for any slips or trips hazards. We saw evidence that when these had been identified timely action had been taken to address the issue and hence eliminate the risk.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

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. This was evident when we looked at the complaints they had received in the last 12 months.

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 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.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. Topics discussed at staff meetings included performance, training,

appointment booking arrangements and significant events. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

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 clinical audits such as X-rays and infection control. We looked at these audits and saw that the practice was performing well. However, where improvements could be made these were identified and followed up by a repeat audit.

We saw that the practice had conducted an audit of dental care records relating to oral cancer and consent and they were about to do one on medical histories. However, we felt that it would be better for the practice to conduct a general audit of all area of the dental care records to ensure that they were in line with FGDP guidance. We were told that a full clinical record audit would be conducted.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; 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. We were told that staff were encouraged to attend courses organised by the local postgraduate deanery.

The practice conducted appraisals on staff to discuss general wellbeing and learning needs. However, we saw that these had been rather sporadic. We saw that the practice manager was about to undertake appraisals on the staff in the near future. We were told that the new practice manager would aim to conduct appraisals on an annual basis.

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

Are services well-led?

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 the cleanliness of the premises, whether the reception staff were polite and whether they were provided with enough information about the treatment provided. The practice were currently conducting a survey and awaiting the results. We saw as a result of feedback from patients that children's books and extra magazines had been put in the waiting room. We also

saw that the practice gave children colouring in pictures to do whilst they were waiting. Staff would then put the picture up on the wall. We were told that children liked having their pictures displayed in the waiting room.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 93% of patients asked said that they would recommend the practice to friends and family.