

Spondon Dental Ltd

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 July 2015 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

Spondon Dental Limited is located close on the eastern outskirts of the city of Derby with good public transport links into the city. The practice is situated on a bus route, and there is free street parking opposite the practice.

Spondon Dental Limited treats both private and NHS patients, with the majority (approximately 90%) being private patients, mostly from Spondon or the surrounding area.

The practice has four dentists. In addition, the practice has four dental nurses plus one receptionist and a practice manager. The practice is situated in an ordinary domestic house adapted to become a dental surgery. The practice provides services on two floors and has a reception area on the ground floor. The practice is wheelchair accessible.

The practice opening hours are: Monday to Friday: 8:30 am to 5:00 pm. With an late opening on Tuesdays until 6:00 pm.

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

Summary of findings

We viewed 38 CQC comment cards that had been completed by patients, about the services provided. All 38 comment cards had solely positive comments. Patients' comments focussed on the friendliness, professionalism and approachability of the staff. Several comments focussed on the dentists helping the patient feel relaxed and comfortable.

Our key findings were:

- The practice recorded significant events and complaints and shared learning from them with staff.
- All staff had received safeguarding vulnerable adults and children, and whistle blowing training and knew what to do and how to raise any concerns.
- The practice was clean and well maintained.
- There were sufficient numbers of suitably qualified and experienced staff to meet the needs of patients.
- Staff had been trained to deal with emergencies.
- There was appropriate medicines and life-saving equipment available.
- The practice had infection control procedures and followed the related guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, good practice and current legislation.
- The practice had engaged with local school children to improve their oral health and give positive messages about dentists and dentistry.
- Patients received explanations about their proposed treatment, costs, options and risks and were involved in making decisions.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The practice was well-led and staff worked as a team.
- Governance systems were effective and the practice completed 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.

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.

The practice had policies and procedures to ensure all care and treatment was carried out safely. Significant events, complaints and accidents were recorded, investigated and analysed. If necessary measures were implemented to make improvements.

Patients were informed if and when mistakes had been made and given apologies. Staff had received training in safeguarding vulnerable adults and children and whistle blowing and knew the signs of abuse and who to report any concerns to. The recruitment procedures kept patients safe, and staff were trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times. Induction procedures were in place and completed by all new members of staff.

The practice had robust infection control procedures and staff had received relevant training. Radiation equipment was maintained and only used by trained staff. Emergency medicines were stored safely and securely, and checked to ensure they had not passed their expiry dates.

Are services effective?

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

Patients received a full assessment of their dental needs including taking a medical history at each visit.

Explanations were provided to patients in a way they could understand and the risks, benefits, treatment options and costs were explained. Staff were supported through training and annual appraisals. Patients were referred to other services in a timely manner if necessary.

Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Staff had received training in the Mental Capacity Act 2005 (MCA) and its relevance to dental practice.

Staff were aware of Gillick competency in relation to children under the age of 16.

Staff used the Public Health England document: 'Delivering better oral health: an evidence based toolkit for prevention.' This allowed staff to take steps to prevent tooth decay.

Are services caring?

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

All patients who responded had provided positive feedback either through comment cards and in person.

Staff at the practice treated patients with dignity and respect and maintained their privacy.

Patients said they were able to ask questions, and staff explained the treatment options and the cost of any treatment before it began.

Are services responsive to people's needs?

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

Summary of findings

Information about oral health was readily available to patients.

The practice was accessible to patients with restricted mobility, with level access, a removable ramp and a ground floor surgery if required.

Patients were able to access treatment quickly in an emergency, usually the same day. There were arrangements in place for patients to receive alternative emergency treatment when the practice was closed.

The practice had a complaints procedure that explained the process to follow, the timescales involved for investigation and the person responsible for handling the issue.

Are services well-led?

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

The practice had arrangements in place for monitoring and improving the services provided to patients. Regular checks and audits were completed to ensure the practice was safe and patients' needs were being met.

The practice had a range of up-to-date policies and procedures to ensure the practice was safe and met patients' needs. Responses to patients concerns or complaints had been recorded, and showed an open no blame approach.

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Detailed findings

Background to this inspection

The inspection took place on 29 July 2015 and was conducted by a Care Quality Commission (CQC) inspector, a second 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 and found there were no areas of concern.

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had taken steps to learn and improve from incidents, accidents and complaints received.

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Regular staff meetings were held at the practice and any significant event, complaint or accident was discussed and analysed in the staff meeting and learning shared. We saw the minutes of staff meetings which evidenced that learning points had been discussed in team meetings. Staff said they were aware of the procedures for reporting incidents and accidents and were encouraged to bring safety issues to the attention of senior staff members.

The practice manager received medicines and healthcare products regulatory agency (MHRA) alerts. These are safety alerts sent out centrally by a government agency and cover safety issues with medicines, and medical equipment. MHRA alerts allowed the practice to learn from other people's experiences. The practice manager explained how they analysed the alerts for relevance to the practice and then shared with relevant members of the team. An issue that affected the whole team, for example a problem with a piece of equipment would be discussed at a full team meeting.

Over the past twelve months the practice had received one complaint. In response to this complaint the practice had written to the patient who made the complaint and apologised for any distress caused.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding patients who were vulnerable adults or children. The policies directed staff in how to respond to concerns about the safety and welfare of vulnerable adults and children. Contact telephone numbers for the relevant agencies to make a referral to were available to all staff. Discussions with staff showed they were aware of the safeguarding policies. Staff also knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The practice also had two identified leads for safeguarding both vulnerable adults and children. Training

records showed that all staff at the practice had undertaken training in safeguarding adults and children. The safeguarding leads had completed Safeguarding levels II and III. Safeguarding level II would be the minimum expected of a safeguarding lead.

The practice manager said there had not been any safeguarding concerns with any patients at the practice.

We saw evidence that when completing root canal treatments dentists used rubber dams. This was in line with the best practice guidelines from the British Endodontic Society. A rubber dam is a soft rubber membrane that isolates selected teeth and safeguards the rest of the patient's mouth during treatment. However, we saw that the rubber dam clamps were not pouched and therefore their cleanliness could not be guaranteed. Following discussions with the provider about this issue, the practice introduced a new procedure, and provided photographic evidence that the clamps had been re-sterilised and pouched to protect their integrity.

The practice had systems for dealing with the risk of fire including a fire risk assessment. Regular fire drills were carried out, and there were fire extinguishers in place. Records showed the fire extinguishers had been maintained and checked on an annual basis. The last check having been completed in June 2015. Instructions or evacuating the building in the event of a fire were displayed in the public areas of the practice.

There were a number of chemicals at the practice which could potentially pose a risk. To minimise the risk the practice had a control of substances hazardous to health (COSHH) file. The COSHH file contained data from the manufacturer about each chemical and the steps to take should there be a spillage or the chemical was accidentally swallowed. Each chemical had a risk assessment to rate the risk, and we saw that chemicals were stored securely.

Medical emergencies

There were procedures for dealing with medical emergencies. These included having an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff training records showed all staff had received basic life support

Are services safe?

including the use of the automated external defibrillator (AED). The practice manager said that this training was delivered annually, with the last recorded basic life support training in October 2014.

There were also emergency medicines and oxygen available if and when required. This was in line with the Resuscitation Council UK guidelines. We checked the emergency medicines and found that they were as recommended by the 'British National Formulary' (BNF) guidance and were all in date. Records showed staff regularly checked medicines and equipment to monitor stock levels, expiry dates and ensure that all emergency equipment was in working order.

Staff recruitment

We saw the personnel files for ten members of staff. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 says that each staff personnel file should contain the following information: A recent photograph; proof of identity; a check of the staff member's skills and qualifications; their registration with a professional bodies where relevant; evidence of good conduct in previous employment and whether a Disclosure and Barring Service (DBS) check was necessary. We found that the practice's recruitment policy and the regulations had been followed.

New staff at the practice received an induction to their role, and the documentation for the newest member of staff showed that learning and experiences that had been delivered as part of the induction were recorded.

Discussions with staff and a review of the records showed 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 they could be covered, usually by colleagues.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and environmental risk assessments in place. The risks to staff and patients had been identified and assessed, with systems in place to reduce those risks.

The practice's policies and risk assessments related to health and safety included fire evacuation procedures, infection prevention and control, and a legionella risk assessment. Records showed the environmental risk assessments and the legionella risk assessment had been reviewed in January 2015. Staff told us that fire detection

and fire fighting equipment such as fire alarms and emergency lighting were regularly tested, and records showed these checks had been completed. The practice carried out an annual fire drill with the last one recorded in February 2015.

Infection control

The practice had an infection control policy which had been updated in November 2014. The policy described the cleaning processes at the practice, with particular reference to Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' This document set out the standards and best practice for infection control in dental surgeries.

The practice had systems for testing and auditing the infection control procedures.

An infection control audit had been completed in July 2015. The practice scored 93% on this audit which was a six monthly self-assessment with the Infection Prevention Society. The practice manager said that the audit was being analysed and steps taken to address the issues identified in the 7% from a maximum score.

The practice had sharps bins in each surgery (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking). The sharps bins were signed and dated and not filled beyond the recommended level. The practice had a clinical waste contract, which included the collection and disposal of sharps bins. We found the sharps bins complied with the relevant regulations (Health and safety ((Sharp instruments in healthcare)) regulations 2013.)

The practice had a dedicated decontamination room which had been set up to comply with guidance from HTM 01-05. We looked at the procedures in place for the decontamination of used dental instruments. The decontamination room had clearly defined dirty and clean areas and a flow of used instruments from the dirty area to the clean. We observed staff wearing personal protective equipment this included rubber gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM01-05). A dental nurse working in decontamination room demonstrated the process. We saw that the procedures

Are services safe?

used were as described in the practice policy, which was displayed on the wall. The instruments were cleaned using one of two ultrasonic baths. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and water. After the ultrasonic bath Instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments).

The practice had two non-vacuum (type N) autoclaves designed to sterilise non wrapped or solid instruments. When the sterilising process had been completed, the dental instruments were dried, packaged, sealed, stored and dated with an expiry date. National Institute for Health and Care Excellence (NICE) guidelines state: 12 months from the day of sterilization. We looked at the sealed instruments in the surgeries and found that most had an expiry date that met the recommendations from the Department of Health. However, we identified some instruments which were not dated. The provider explained the system in use which he felt was robust. Following a discussion with the provider the system was altered to ensure total confidence in the sterilization of all dental instruments. Following our inspection the provider sent us documentary and photographic evidence that the sterilization processes had been amended.

The equipment used for cleaning and sterilising (the autoclaves and ultrasonic cleaners) was maintained and serviced regularly in accordance with the manufacturer's instructions. We saw daily, weekly and monthly records were kept of the decontamination processes to ensure that equipment was functioning correctly.

We observed staff wearing personal protective equipment when cleaning instruments and treating people who used the service. Staff files showed that staff had received inoculations against Hepatitis B 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 needle stick injury policy was displayed in the decontamination room. A needle stick injury is a puncture wound usually caused by a sharp dental instrument. A member of staff was able to describe what action they would take if they had a needle stick injury and this was in line with the practice policy.

Records showed a risk assessment for Legionella had been completed on 21 January 2015. This process was to ensure the risks of Legionella bacteria developing in water systems had been identified and measures taken to reduce the risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Equipment and medicines

The practice was able to demonstrate through records that equipment in use was maintained and serviced in line with manufacturer's guidelines. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

There were sufficient stocks of medicines available for use. Emergency medical equipment (oxygen and a defibrillator) was available at the practice. The equipment was monitored regularly to ensure it was in working order and records were kept to evidence this. Records in patients' notes showed that when local anaesthetic was used the batch number and expiry date were recorded. In addition the practice kept a log of all local anaesthetics and antibiotics which also recorded the date the medicine arrived at the practice, the batch number and expiry date.

Emergency medicines were located in a secure area for use when needed, and all staff knew the location of these medicines.

The provider said that if antibiotics were prescribed this would be done following discussions with the patient's GP to ensure there were no issues and to keep the GP informed.

The practice moved dirty dental instruments around the practice, moving from the surgeries to the decontamination room. Used instruments were transported in a sealed box and kept in a liquid solution. This was in accordance with Health Technical Memorandum 01-05; Decontamination in primary care dental practices (HTM 01-05).

Radiography (X-rays)

X-ray equipment was located in each surgery at the practice. X-rays were carried out in line with local rules which described the operating requirements for each machine. The local rules for the use of each X-ray machine were displayed in each surgery where X-rays were carried out.

Are services safe?

The practice only used intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). The provider said that should a patient require a different type of X-ray such as an Orthopantomogram (OPG) they would be referred to the hospital. An OPG is an X-ray of the lower face showing all of the teeth of the upper and lower jaw.

The practice had a radiation protection file which contained records to demonstrate the X-ray equipment had been maintained at the intervals recommended by the manufacturer. Records showed that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The practice had a radiation protection advisor and a radiation protection supervisor, as identified in the regulations (IRR 99). Their role was to ensure the equipment was operated safely and only by qualified and experienced staff. Those staff members authorised to carry out X-ray procedures were clearly identified.

Records we reviewed showed the practice monitored the quality of its X-rays. This ensured the X-rays were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Prior to treatment (including having an X-ray) patients were required to complete medical history forms. From the information provided the dentist considered whether it was safe for each individual patient to receive X-rays. This included identifying where female patients might be pregnant. Patients' notes showed that information related to X-rays was recorded in line with current guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies for assessing and treating patients. For example the practice had a soft tissue monitoring policy. At the start of each consultation the patient was assessed. The assessment included a review of the soft tissues of the mouth, the patient's risk of developing decay, a periodontal check (the supporting structures of the teeth and diseases and conditions that affect them) and taking a medical history at each visit. Medical histories included any health conditions, current medicines being taken and whether the patient had any allergies. For returning patients the medical history focussed on any changes.

We saw that an audit of patients' notes in April 2014 had identified that there was no record of a discussion about the patients' alcohol or tobacco consumption in the notes. Following this audit alcohol and tobacco consumption was recorded in the notes at each patient consultation.

We spoke with three dentists, and two dental nurses who said that before treatment started each patient's diagnosis was discussed with them. Treatment options and costs were then explained. All three patients we spoke with said that the dentists had discussed treatment options, including costs and they had been given the opportunity to ask questions. The patient's clinical notes were updated with the proposed treatment after discussing the options and involving the patient in the discussion. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Discussions with all three dentists showed they were aware of NICE guidelines, particularly in respect of recalls of patients, anti-biotic prescribing and wisdom tooth removal. Discussions and observations identified that they followed NICE guidelines in their treatment of patients.

The minutes of a full staff meeting held on 17 February 2015 identified that updated guidance from the General Dental Council (GDC) had been discussed and information shared.

Dentists were aware of and understood the Public Health England document: 'Delivering better oral health: an evidence based toolkit for prevention'. We saw the dentists used this document and 'toolkit' as a basis to help patients have better oral health.

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 both for children and adults 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.

Dentists recorded in patients' notes that they had discussed smoking, alcohol and diet with them and the effect they might have on the patient's oral health. This was recorded in patients' notes. As recorded elsewhere in this report this had been identified as an area for improvement following an audit of patients' notes in April 2014.

The practice had photographs to evidence they had participated in National Smile week run by the British Dental Health Foundation. This had included a design a poster competition for children, with positive messages being given about preventing tooth decay and good oral hygiene. The practice manager said that children from a local school had visited the practice (children aged six and seven years). This had been at the practice's instigation. Discussions with the provider identified that they were keen to involve local children in health promotion initiatives. This included giving positive messages about teeth cleaning and the foods to eat and avoid for healthy teeth.

Staffing

The practice had four dentists, four dental nurses, a practice manager, and reception staff. Dental staff had appropriate professional qualifications and were registered with their professional body. Prior to the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC. Records within the practice showed that the practice was regularly carrying out similar checks.

Are services effective?

(for example, treatment is effective)

Staff training records at the practice showed that staff were completing training towards their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). Staff files showed details of the number of hours staff had undertaken and training certificates for courses attended were also in place.

Records we viewed showed that staff were up to date with all essential training required by the practice. This included basic life support and safeguarding.

The practice regularly appraised the performance of its staff. The records showed annual appraisals had taken place. Staff spoke positively about working at the practice and said they felt well supported by the staff team but particularly the provider and practice manager.

Working with other services

The practice referred patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation or referral to the dental hospital if the problem required more specialist attention. Patients were then monitored after their treatment to ensure they had received the best treatment and were happy with the treatment and outcome.

Consent to care and treatment

The practice had a consent policy for care and treatment. For National Health patients the practice used the standard FP17 form which had the treatment plan identified and the cost. NHS patients signed this form to show their consent to the treatment and costs. For private patients an individual treatment plan was printed off and signed by the patient to show their consent.

Discussions with dentists showed they were aware of and understood the use of Gillick competency in young people. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

The consent policy made reference to competence or capacity and how this affected the patient's ability to give consent. The policy linked this to the Mental Capacity Act 2005 (MCA). Staff training records showed staff had attended training with regard to the MCA 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Discussions with staff and patients together with our own observations showed that staff treated patients with dignity and respect and maintained their privacy. The reception desk was situated in the waiting room and this was a small area where conversations could easily be overheard. Reception staff told us that they were aware of the need for confidentiality when conversations were held in the reception area, particularly when other patients were present. They said that a private area was usually available for use. This was an unused surgery. Staff said they never asked patients questions related to personal information at reception.

We saw that patient records, both paper and electronic versions were held securely, either under lock and key or password protected on the computer.

We viewed 38 CQC comment cards that had been completed by patients about Spondon Dental Practice. All 38 had wholly positive comments about the staff and the services provided.

Involvement in decisions about care and treatment

We spoke with three patients on the day of the visit. All of the patients' comments were positive. None of the patients we spoke with had any concerns, or any criticism of the dentists, the nurses or receptionists. All three said that treatment was explained clearly, and they were able to ask questions. All three said they felt involved in the decisions made about their treatment.

Comment cards completed by patients included comments about how treatment was always explained in a way the patients could understand. Five comment cards made specific reference to being involved in decisions, being listened to and everything being discussed before treatment started.

The practice information leaflet, and the practice website described the range of services offered to patients together with the range of fees.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Discussions with both staff and patients identified the practice had an appointment system that met the needs of patients. Where treatment was urgent, the practice would try to see patients the same day, and information about emergency appointments was available on the practice website. Three Care Quality Commission (CQC) comment cards made reference to being seen by a dentist quickly in an emergency, and expressed appreciation for their quick treatment.

Tackling inequity and promoting equality

The practice had completed a Disability Discrimination Act 2010 Access Audit in June 2015. This looked at how patients with restricted mobility would access the building and services. In support of this the practice had a disabled access policy, in which 'reasonable adjustments' such as the use of a mobile ramp at the front door were identified.

Following the access audit the practice considered the needs of patients who might have difficulty accessing services due to mobility or physical issues. The practice had a removable ramped access providing step free access to assist patients with mobility issues, using wheelchairs. We saw this in use during the inspection, and it allowed easy access to the building. The premises had a ground floor surgery and a ground floor toilet, which were accessible for patients. However, the toilet was quite small. The provider said that there were plans to extend the premises, and these would include a ground floor toilet

that was fully accessible to people with restricted mobility. The practice was located on a bus route and this gave good access by all forms of public transport. Car parking was on the street opposite the practice

Access to the service

The practice was open Monday to Friday 8:30 am to 5:00 pm and until 6:00 pm on Tuesdays.

The arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area and in the practice leaflet. For NHS patients this was through the NHS dental out-of-hours service. For private patients there was an on-call dentist provided on a rota system from local private dental practices.

Concerns & complaints

The practice had a complaints procedure that explained the process to follow when making a complaint. The timescales and the person responsible for handling the complaint were also identified. Details of how to raise complaints were included in the practice leaflet and accessible in the reception area. However, they were not available on the practice website. Staff said they were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that one complaint had been received in the past twelve months. This complaint had been completed, and documentation at the practice identified the practice's policy had been followed. The practice had issued an apology as a gesture of goodwill. The practice manager said that complaints were identified and analysed and discussed in staff meetings and learning points shared.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements for monitoring and improving the services provided for patients. For example an audit of patients' notes in April 2014 had triggered improvements to patient record keeping. Minutes of dentists meetings identified that guidelines from the National Institute for Health and Care Excellence (NICE) had been reviewed. The practice carried out audits of patients' notes and regular review and updates of policies and procedures. Staff were aware of their roles and responsibilities within the practice.

There was a full range of policies and procedures in place to guide staff and offer instruction. These included health and safety, consent, and whistle blowing. Many of the policies had been signed by staff members to signify they had read the policy and understood the content.

Leadership, openness and transparency

We found the dentists to be friendly and approachable. Staff and patients said they were able to speak with the dentists and the practice manager to discuss any issues with them. The principal dentist was also the registered manager.

We saw that the culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the practice owner or the practice manager at any time if they had any concerns. Patients said they felt they could speak to the practice manager or the provider as both were open and approachable. Responses to patients concerns or complaints had been recorded, and showed an open approach. We saw an example of correspondence to a patient where the practice had apologised for any distress or concern caused during treatment.

Staff said they felt part of a team, and they felt respected and involved by the owner and manager. The practice held monthly staff meetings where staff said they felt able to participate and contribute.

Management lead through learning and improvement

On their website Spondon Dental Practice stated: "We pride ourselves in providing a warm friendly environment for our patients. Looking after you in a way we would want to be looked after ourselves." Staff were aware of the core practice values and ethos and demonstrated that they worked towards these.

We saw examples of improvements made through audits and self-assessments, and minutes of staff meetings identified that learning and improving was a feature of Spondon Dental Practice.

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

Staff said that patients could give feedback at any time they visited. The friends and family test was available in the waiting room, and patients were encouraged to complete these forms and provide feedback.

The practice held regular staff meetings and staff appraisals had been undertaken. Staff told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted.

We reviewed 38 Care Quality Commission (CQC) comment cards. Feedback we received from all 38 comment cards was positive. Patients expressed their satisfaction with the practice as a whole.

The practice had also completed its own patient survey between 3 March 2015 and 20 March 2015. In total the practice received 49 responses, all of which were positive. There was also a comments box in the waiting room, and the provider said the comments were reviewed every two months.