Euxton (No 1) Limited

Euxton Dental Practice

Inspection Report

Euxton Dental Practice
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Ratings

Overall rating for this service

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

We carried out an announced comprehensive inspection of Euxton Dental Practice on the 22 September 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 services in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective services 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?

Summary of findings

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

Euxton Dental Practice is part of the IDH group (Integrated Dental Holdings) a national company which operates 650 dental practices across the United Kingdom. The practice provides dental services for NHS and a small number of private patients.

The service is provided by four associate dentists and one dental hygienist who are supported by five registered dental nurses, three trainee dental nurses, two receptionists and a practice manager. The practice is located within a converted building which is single storey and offers disabled access to the waiting area and treatment rooms. The practice is located centrally within the village of Euxton close to local amenities and bus services. Opening hours are Monday to Friday 8.30am to 5.30pm.

The practice manager has submitted an application to become registered manager which is being processed by CQC. 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.

On the day of inspection we spoke with two patients who used the service and reviewed 20 CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were happy with the care and treatment they received at the practice. They told us they were given information about treatment options and found the staff to be polite and they were treated with dignity and respect.

Our key findings were:

- The practice had systems to assess and manage risks to patients, including safeguarding, staff recruitment and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP).
- Dental care records we looked at were detailed and showed on-going monitoring of patients' oral health.
- Staff received training appropriate to their roles. Information of care and treatment options and support was available to patients, for example information about the cost of treatment.
- Patients told us the staff were polite and respectful. Treatment options were explained fully and patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments to suit them. There were clear instructions for patients regarding out of hours care.
- There was a complaints system in place and there was an openness and transparency in how these were dealt with.
- The practice had clear lines of accountability and staff told us they felt well supported and able to raise concerns or make suggestions.

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

- Produce an action plan detailing how they might achieve best practice in respect of the decontamination of instruments in line with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Regularly update the policies and procedures for infection control in accordance with Health technical Memorandum 01-05 (HTM 01-05).
- Carry out infection control audits at six monthly intervals in accordance with HTM01-05.

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.

There were systems in place to manage risks to patients, staff and visitors to the practice. The practice manager understood their responsibility in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Serious incidents or accidents would be reported to the head office and they would submit RIDDOR forms. There had been no RIDDOR incidents in the past 12 months.

Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation CPR). The practice had an automatic external defibrillator (an AED is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm).

Staff understood their responsibility to safeguard children and vulnerable adults. Staff were aware of the reporting process and were able to tell us what action they would take if they suspected abuse.

Are services effective?

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

Patient's treatment was planned and delivered in line with guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). The practice kept detailed dental care records of treatment carried out and records showed patients were given health promotion advice appropriate to their needs.

There were staff appraisals in place at the practice, and staff were supported with their continuing professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC) There were clear records of training undertaken by staff.

Information was available to help patients understand the care and treatment options, such as treatment costs. Patients told us they were provided with enough information about treatment options to make informed decisions about their treatment.

Are services caring?

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

The patients we spoke with told us staff were polite and respectful and dignity was maintained when they were receiving treatment. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Although the reception area was open there was an office and a staff room where private conversations could be held.

We looked at 20 CQC comment cards completed by patients prior to the inspection and spoke with two patients. All of the feedback we received from patients gave a positive view of the service. They commented they felt involved in their treatment, it was fully explained to them and they were listened to and not rushed.

Dental care records were stored electronically, with some records (such as X-rays and consent forms) being stored in paper files. Electronic dental care records were password protected and regularly backed up.

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

A practice leaflet was available in reception to explain to patients about the type of services provided and clear information about the costs of NHS and private treatments was displayed.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility. Access was at street level and there were adapted toilet facilities provided.

There was an efficient appointment system in place with vacant appointment slots each day for patients requiring emergency treatment. There was an answerphone message advising patients to use the NHS 111 service when the practice was closed.

There was a complaint policy and procedure in place. The practice manager was open and transparent in how they managed complaints, for example if there was an accident or incident that affected patients they would be given an apology and steps taken to prevent a reoccurrence.

Are services well-led?

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

The practice manager was responsible for the day to day running of the practice. Staff told us there was a culture of openness and transparency and they felt able to make suggestions for the improvement of the practice.

There were regular staff meetings and systems for obtaining patient feedback about the practice. Regular practice meetings were held to support communication about the quality and safety of the service. The head office produced a monthly staff bulletin.

Staff at the practice were supported to complete training to meet their continuous professional development.

The culture within the practice was one of openness and transparency and encouraged candour and honesty.

Euxton Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We inspected Euxton Dental Practice on the 22 September 2015. The inspection team consisted of a lead inspector and a dental specialist advisor.

Before the inspection we reviewed a range of information we held about the service for example NHS Choices website and notifications.

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

On the day of our inspection we looked at practice policies and procedures, five dental care records and other records relating to the management of the service. We toured the premises and spoke with three dentists, two dental nurses, a receptionist, one dental hygienist and the practice manager. We spoke with two patients and observed interactions between staff and patients.

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 staff we spoke with were aware of the practice reporting procedures and told us they would discuss and concerns about safety to the attention of the practice manager. The practice manager explained any serious incident or accident would be reported to the head office. Head office would then submit a report to the Health and Safety Executive (HSE) in line with the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The health and safety policy provided guidance to staff and all staff had signed to confirm they had read the document. No RIDDOR reports had been made in the last 12 months. The practice manager told us if there was an incident or accident that affected a patient, they would give an apology and inform them of any actions taken to prevent a reoccurrence. A poster explaining the duty of candour was seen displayed in the staff room and this guided staff to be truthful honest and open with patients if things go wrong.

The practice responded to national patient safety and medicines alert that affected the dental profession. One of the dentists told us they reviewed all alerts and spoke with staff to ensure they were acted upon.

Reliable safety systems and processes (including safeguarding)

Patients told us and we saw in dental care records that patients were always asked to complete a medical history at the start of each course of treatment. These were checked by the dentist during the consultation.

Instruments used in root canal treatments were treated as single use and root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

We spoke with dentists, dental nurses and the practice manager about the prevention of needle stick injuries (where a used needle or sharp instrument punctures the skin). The practice used a safe sharps system whereby needles were not re-sheathed following administration of a local anaesthetic to a patient.

We saw that sharps bins were appropriately positioned in the treatment room. The systems and processes in use were in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

The practice had policies and procedures in place relating to child protection and safeguarding adults that were readily available to staff. There were two lists displayed in the staff room that gave contact details for the local authority adult safeguarding and child protection teams. When asked all of the staff knew where to find the contact information and were able to describe the action they would take if they suspected a patient was experiencing abuse. Staff told us it was their responsibility as professionals to report any concerns. We saw certificates to show that staff had attended safeguarding training in the past 12 months.

The practice used an electronic system for maintaining dental care records with some paper records such as signed consent and medical history forms. We saw that records were detailed, accurate and up to date. Electronic records were password protected and regularly backed up and paper records stored securely to maintain confidentiality.

Medical emergencies

There were policies and procedures in place for use in the event of a medical emergency. The practice had the emergency medicines as set out in the British National Formulary (BNF) guidance for dealing with common medical emergencies in a dental practice. Oxygen and other related items such as manual breathing aids were available in line with the Resuscitation Council UK guidelines.

A contract was in place for the maintenance of the oxygen cylinder and the expiry date for the oxygen was 18 August 2016. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. Medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to ensure medicines were within the expiry date and safe to use.

Are services safe?

Staff received team based annual training for cardiopulmonary resuscitation (CPR) the most recent training session was carried out in February 2015. The practice had an automated external defibrillator (AED) in accordance with current Resuscitation Council UK guidelines. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. There was documentary evidence to show that staff checked the AED daily to ensure the battery was charged.

Staff recruitment

We looked at four staff recruitment files and saw they contained an application form, CV, immunisation status, Disclosure and Barring Service checks (DBS) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable), evidence of professional registration (where required), references and employment contracts. There was a system in place for monitoring professional registration and medical indemnity.

The staff we spoke with told us they attended an interview and underwent a period of induction to familiarise them with the practice.

Monitoring health & safety and responding to risks

There were procedures in place to monitor health and safety and deal with emergencies. The practice manager undertook health and safety and checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) had been carried out by an appropriately qualified person to ensure the equipment was safe to use. A health and safety and fire risk assessment of the premises had been undertaken in May 2014 by an external contractor.

There was a comprehensive range of risk assessments in place relating to the control of substances hazardous to health (COSHH). We saw risk assessments for every substance used at the practice that had a potential risk these included; cleaning fluids, adhesive sprays, dental putty, etch gels and surface wipes.

The practice had a business continuity plan in place for use in the event of an emergency that may disrupt the safe and smooth running of the service. The document included key contact numbers such as; utility companies and practice staff.

Infection control

There was an infection control policy dated 2012 and an infection control lead had been identified. The policy included guidance on hand hygiene, health and safety, safe handling of instruments, needle stick injuries and the management of clinical waste.

A Legionella risk assessment had been carried out by an external contractor. Legionella is a bacterium that can contaminate water systems in buildings. In addition staff flushed the water lines in the treatment rooms at the beginning of each session and between patients and monitored cold and hot water temperatures. There were hand washing facilities in each treatment room and staff had access to sufficient supplies of liquid soap, hand sanitiser and paper towels.

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) to ensure the safety of patients and staff.

We looked at the process for cleaning and decontaminating dental instruments. The practice did not have a dedicated decontamination room and soiled instruments were manually cleaned in the treatment rooms. There was a sink identified for scrubbing soiled instruments, these were rinsed in a bowl of clean water before being checked for debris under a hand held illuminated magnifying glass then sterilised in an autoclave. When instruments had been sterilised they were pouched and stored until required. All pouches were dated with a use by date.

The practice manager should produce an action plan detailing how they might achieve best practice in respect of the decontamination of instruments in line with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

Are services safe?

Patient's feedback confirmed that the practice maintained high standards of cleanliness at all times. Treatment rooms were clean, hygienic and free from clutter there were dedicated hand washing facilities with ample supplies of liquid soap and paper towels. They had sealed floors and work surfaces that could be easily cleaned. The practice manager told us that the dental nurses were responsible for cleaning the treatment rooms and a cleaner was employed for the communal areas. We found the top of one of the X-ray control panels was dirty this was pointed out to the practice manager who arranged for it to be cleaned.

We spoke with dental nurses who told us they cleaned the surfaces, dental chair, examination light and instrument tray after each patient and at the end of the morning and afternoon sessions. Personal protective equipment (PPE) such as heavy duty gloves, masks and eye protection were available for staff to use. The patients we spoke with confirmed that staff wore PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

There was a clinical waste contract in place with a professional waste carrier and we saw the waste consignment notices. Clinical waste was securely stored between collections. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place.

The practice had undertaken an infection control audit in August 2015 using the Infection Prevention Society (IPS) audit system. Prior to this audits had not been routinely carried out on a six monthly basis in accordance with the Department of Health's guidance on decontamination in dental services (HTM01-05). The practice manager had been in post for two months and was in the process of addressing this shortfall.

Equipment and medicines

There were sufficient quantities of instruments for each clinical session which took into account the decontamination process.

There were contracts in place for the maintenance of essential equipment such as; the air compressor, autoclaves (a pressure chamber used to sterilise equipment by subjecting them to high pressure saturated steam) X-ray sets and dental chairs. We saw documentary evidence to show equipment was serviced in line with the manufacturer's guidelines.

The practice had a recording system in place for the prescribing and recording of the medicines and drugs used in clinical practice. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Prescription pads were securely stored and were stamped at the point of issue to maintain their safe use.

Radiography (X-rays)

We looked at the radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). 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. The radiation protection file included critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules and HSE notification.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded to demonstrate the potential benefit and/or risks of the exposure had been considered. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment and recalled patients in line with the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines.

Detailed electronic dental care records were maintained and contained information about the patient's current dental health needs and any changes since their last appointment. Patients were asked if there were any changes in their general health or medicines each time they attended for treatment. We saw patients' medical and social history such as smoking status and diet were discussed and updated in to the electronic dental care record. Oral health advice such as, prevention of dental caries or periodontal deterioration risk, was given.

We reviewed a sample of dental care records and found they included; the condition of the teeth and a check of the soft tissue lining the mouth which can help detect early signs of mouth cancer. Where the dentist had concerns about mouth cancers they would make an urgent referral to the local hospital.

We saw details of the condition of patients' gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

Health promotion & prevention

We saw a variety of health promotion leaflets in the waiting room that included; effective brushing, use of fluoride toothpaste, smoking cessation and maintaining good oral hygiene. The dentists we spoke with told us patients were given advice appropriate to their individual needs in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

There were a range of products available for patients to purchase such as; interdental brushes, tooth brushes, toothpaste and mouthwash. We saw they had a children's welcome pack and encouraged parents to bring their babies as soon as the first tooth appeared to get them used to the dentist. In addition to information leaflets in the surgery advice on children's dental care was found on the practice website.

Staffing

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that sickness and leave was covered. Staff told us they would provide cover for their colleagues.

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going continuous professional development.

Essential training included basic life support and infection prevention and control. Records showed staff had completed these in the last 12 months. The practice manager and dentists monitored staffing levels and planned for staff absences to ensure the service was uninterrupted.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the manager and the dentists were readily available to speak to at all times for support and advice. 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 told us they had received appraisals and reviews of their professional development.

Working with other services

We saw documentary evidence to demonstrate the practice worked with other professionals in the best interest of the patient. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Are services effective?

(for example, treatment is effective)

The dentists we spoke with explained the system and route they would follow for urgent referrals if they detected any problems during the examination of a patient's soft tissues.

Consent to care and treatment

Feedback in CQC comment cards and from patients we spoke with confirmed that they were provided with sufficient information to make decisions about the treatment they received. The dentists we spoke with explained that they gave patients a detailed verbal explanation of the treatment options, including any risks and benefits. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The staff we spoke with told us that it should not be assumed that a family member has the authority to make decisions on a relative's behalf and they would seek professional advice where necessary.

The dentists we spoke with were also aware of and understood the use of the Gillick competency in relation to young persons (under the age of 16 years). The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 20 CQC comment cards patients had completed prior to the inspection and spoke with two patients on the day of the inspection. Feedback was overwhelmingly positive about the care and treatment they received. Patients told us the staff were polite and friendly and treated them with kindness, respect and compassion responding quickly to any signs of distress or discomfort during treatment.

Patients who reported some anxiety about visiting the dentist told us in CQC comment cards that the dental staff were reassuring and put them at ease by clearly explaining the treatment. Patient feedback indicated that staff contacted them following complex treatments to ensure they were recovering well after their procedures.

We observed reception staff greeting patients on their arrival at the practice and saw the staff were helpful, discreet and respectful. Staff we spoke with were aware of the importance of maintaining confidentiality and providing patients with privacy. Staff told us they did not discuss any sensitive issues at the front desk but would find a private area to speak to patients.

Patients dental care records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely in locked filing cabinets.

Involvement in decisions about care and treatment

The practice had a website that included information about dental care and treatments, costs and opening times. The practice displayed information in the waiting area that gave details of NHS dental charges.

Dental care records showed that patients were given sufficient information about treatment options for them to make informed decisions. The dental care records demonstrated that patients were provided with advice on smoking cessation and health diet in order to maintain good oral health in line with the Department of Health – Delivering Better Oral Health' toolkit (DBOH).

We looked at a sample of dental care records. The dentists had documented discussions with the patient when treatment options had been decided. Records showed that patients were given information about different treatments that included the risks and benefits.

The dentists and practice manager explained the special care the practice provided for children. There was a 'big smiles' kids club to help build confidence and get young children used to attending appointments with the dentist. This gave advice about when to bring an infant to the dentist, when and how to start brushing their teeth.

The practice provided patients with information to enable them to make informed choices. The dentist told us they would explain the planned procedures to patients using visual aids when necessary. The feedback from CQC comment cards and from speaking to patients confirmed they felt involved in the planning of their treatment and it was fully explained to them.

Feedback from CQC comment cards and speaking to patients reflected treatment options were fully explained and patients did not feel under any pressure to make a decision on the day treatment was discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was an efficient appointment system in place to respond to patients' needs. Comprehensive information was available to patients about appointments in the practice and on the practice website. We spoke with the receptionists who showed us there were vacant appointment slots in the diary each day to accommodate patients needing urgent care. Reception staff had clear guidance to help them assess how urgently the patient required an appointment. For example, a child in pain or a patient with a traumatic mouth injury.

Patients we spoke with confirmed that they felt they could get appointments within a reasonable time frame. They told us they had sufficient time during their appointment and didn't feel rushed. There were effective systems in place to ensure the equipment and materials needed such as dentures, bridges or crowns were received in advance of the patient's appointment to prevent a wasted journey.

There was information about the services offered in the practice and on the website that included preventative advice and treatment and routine and restorative dental care.

As part of our inspection we conducted a tour of the practice and we found the premises and facilities were visibly clean and clutter free. There was easy access for people with limited mobility and adapted toilet facilities were available.

Doors were closed when patients were in the treatment rooms. The treatment rooms were situated away from the waiting area so conversations could not be overheard.

The dentists were supported by a dental hygienist who met the needs of those patients who needed treatment and support to maintain good oral health.

Tackling inequity and promoting equality

The practice had policies in place relating to equal opportunities, equality and diversity to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services.

There was a ramp to enable access to the surgery for wheelchair users and parents with pushchairs. There was good access into and around the practice with treatment rooms spacious enough to accommodate a pushchair or wheelchair. There were disabled toilet facilities available.

Access to the service

The opening hours were displayed in the practice and on the practice website. Opening hours were 8.00am-5.30pm. The practice opening hours were displayed in their premises and on the practice website. Patients could access care and treatment at a time to suit them appointments could be made in person, by telephone or via the on-line booking system on the practice website.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

The practice had clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were displayed on posters in the reception areas, on the telephone answering machine, as well as being on their website. CQC comment cards we reviewed showed patients felt they had good access to the service.

Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 20 patients chose to comment. Without exception all of the comment cards completed were complimentary about the service provided.

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There was practice had an effective system in place for handling compliments, complaints and concerns. Information for patients about how to complain was available in the reception area.

There had been three complaints made directly to the practice in the last 12 months. We found that they had all been recorded, investigated and responded to in a timely manner. These records demonstrated that the practice had been open and transparent and where action was required it had taken place.

Are services well-led?

Our findings

Governance arrangements

The practice had a statement of purpose that described their vision, values and objectives. Staff

told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.

The practice was a member of the British Dental Associations 'Good Practice' accreditation scheme (This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards).

There were governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks for example fire and infection control.

Audits were in place to identify if quality was being compromised and steps taken in response to any shortfalls. Audits carried out included: infection control, dental care records, oral health assessments and the quality of X-ray images.

There was a policy and procedures file that was available to all staff to guide practice. We found the infection control policy was dated 2012 and it was not clear if this had been reviewed since that date. The practice manager told us they would review the policy file to ensure all policies were up to date and reflected current guidance.

There were arrangements in place for sharing information across the practice including informal huddle meetings at the beginning of each day and monthly practice meetings. There was an effective management structure in place to ensure that responsibilities of staff were clear. The practice manager and dentists shared the day to day running of the service. Staff we spoke with told us that they felt supported and were clear about their roles and responsibilities and had designated lead roles, such as infection control and safeguarding.

Dental care and treatment records were kept electronically with some paper records kept. We found patient records were complete, comprehensive, accurate and securely stored.

Leadership, openness and transparency

There were clearly defined leadership roles within the practice with the practice ethos of providing high quality dental care to their patients. The staff we spoke with described a transparent culture which encouraged openness and honesty. This was evident when we looked at the three complaints they had received in the last 12 months and the actions that had been taken as a result.

Staff said that they were encouraged to report safety issues or any concerns they had with any of the dentists or practice manager and felt they would be listened to and appropriate action taken.

There were regular structured team meetings taking place to ensure staff were informed about any changes. In addition a monthly bulletin was produced to update staff on changes within the organisation and any new guidance. There was a system of staff appraisals to support staff in carrying out their roles to a high standard. Staff told us they were well supported by the practice manager and the dentists.

Management lead through learning and improvement

The practice manager was responsible for the day to day running of the service. There were relevant policies and procedures in place. Staff were aware of where to access these policies and procedures and worked in accordance with them. A range of clinical and non-clinical audits had been carried out to monitor the quality of the service and identify areas for improvement. This included medical records and X-rays, and audits of infection control.

Staff told us they had access to the organisations on-line training academy. Essential training was completed each year, this included; cardiopulmonary resuscitation (CPR), infection control and safeguarding. Staff working at the practice were supported to maintain their continuing professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC).

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

Are services well-led?

Patients we spoke with and who completed CQC comment cards expressed satisfaction with the care and treatment they received. Some patients said the service was excellent with professional and supportive staff.

The practice used the Friends and Family test (FFT a system whereby patients comment on whether they would be likely to recommend the practice to friends or family). These forms were located in the reception area for patients to use if they wished to do so. In addition the practice manager reviewed comments left on the NHS Choices website and there was the facility for patients to complete an on-line survey via the practice website. Before the inspection we looked at both websites and found comments generally showed a high level of satisfaction with the quality of the service provided.