John P. Siwek

Dr John P. Siwek BDS Dental Practice

Inspection Report

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Leeds
West Yorkshire
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Overall summary

We carried out an announced comprehensive inspection on 9 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Dr John P. Siwek BDS Dental Practice is situated at the junction of Harehills Lane and the A64 York Road in a terraced block of commercial properties. There is one dentist who works a total of 20 hours per week. The dentist is supported by a trainee dental nurse and a receptionist. The premises are not wheelchair accessible; patients requiring wheel chair access can be referred to another practice or to the Community Dental Service. There is one surgery in use upstairs and three unused surgeries.

The practice is open from 8.30am to 12.30pm and 1pm to 2pm Monday to Thursday. The practice also closes for three weeks each summer. The dentist has an arrangement with a neighbouring dental practice to provide cover for when the practice is closed during normal working hours.

For urgent care out of hours, patients are directed to the NHS 111 service which triages the call and passes the details to Local Care Direct who is the out of hour's provider.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered

Summary of findings

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.

During the inspection we spoke to three patients and received 41 completed comment cards. Patient feedback was strongly and consistently positive; comments included that staff were professional, caring, friendly and helped patients feel at ease. Many patients gave examples of where the dentist had given clear explanations and spent time discussing treatment options and several said they would recommend the practice to others. Patients also said they could access appointments easily and they found the practice clean.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified or in training and working under supervision and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed that treatment was planned in line with current best practice guidelines.
- 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.
- There was a warm and welcoming feel to the practice.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.

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

- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely.

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?

No action

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

The provider had effective systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, the management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints.

Staff had received training in safeguarding adults and children, knew how to recognise the signs of abuse, and who to report them to.

Staff were appropriately recruited, suitably trained and skilled; there were sufficient numbers of staff. We saw a detailed induction process was in place for new staff.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in responding to medical emergencies. One item in the emergency kit had expired; this was removed and taken to the pharmacy immediately for disposal.

The premises was secure and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

Are services effective?

No action

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

The dentist followed current guidelines when delivering dental care and treatment to patients. This included assessing and recording their medical history. Patients received an assessment of their dental health, and treatment provided focused on their individual needs. Patients' consent was obtained before treatment was provided. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved. The practice kept detailed dental records.

The dentists provided oral health advice and guidance to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council. Staff received training appropriate to their roles and the trainee dental nurse was working under supervision of the dentist.

Are services caring?

No action

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

Summary of findings

Feedback from patients was strongly and consistently positive. Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had private rooms available if patients wished to speak in private.

Patients were provided with information regarding their treatment and oral health. Patients commented that information given to them was helpful. We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced.

Are services responsive to people's needs?

No action

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided in the practice leaflet and on NHS Choices but was not displayed at the entrance to the practice.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentist to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The provider had taken into account the needs of different groups of people, for example, people with disabilities and impaired mobility. Patients requiring wheel chair access were referred to another practice or to the Community Dental Service. Staff had access to interpreter services where patients required these and members of staff are able to communicate in Urdu, Punjabi and Polish.

The practice had a complaints policy in place which was displayed in the waiting room. We saw that complaints were thoroughly investigated and responded to appropriately.

Are services well-led?

No action

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

The provider had effective systems and processes in place for monitoring and improving services.

Staff were aware of their roles and responsibilities. Staff reported that the provider was approachable and helpful, and took account of their views. The culture of the practice encouraged openness and honesty. Staff told us they were encouraged to raise any issues or concerns.

Summary of findings

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks. We saw that these were regularly reviewed and discussed.

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement, for example, learning from complaints, audits, and patient feedback. We found the dentist and staff had a strong emphasis on learning and continuous improvement. For example, regular attendance at deanery training sessions.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The practice met regularly, shared information to improve future practice and gave everybody an opportunity to discuss any concerns or issues.

Dr John P. Siwek BDS 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

The inspection team comprised of a CQC lead inspector and a specialist adviser.

We reviewed a range of information before the inspection including information provided by the practice, and patient satisfaction data. We informed the local NHS England area team and Healthwatch that we were inspecting the practice however we did not receive any information of concern from them.

We spoke with members of the dental team including the dentist, trainee dental nurse and the receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service with the practice manager and the provider's regulatory officer. We also reviewed other relevant information the practice provided before and during the day of inspection.

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 clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We reviewed a recent significant event. This had been well documented and analysed. Any accidents or incidents would be reported to the dentist and would also be discussed with individuals and at staff meetings in order to disseminate learning.

The dentist understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The provider had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. We were told that these were actioned if necessary and were stored on the computer for future reference. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The dentist was the safeguarding lead for the practice and had undertaken level two safeguarding training. The receptionist and trainee dental nurse had not yet attended safeguarding training but had a good understanding of how to identify concerns and reporting processes.

The practice had systems in place to help ensure the safety of staff and patients. These included risk assessments, a protocol whereby only the dentist handles sharps and guidelines about responding to a sharps injury (needles and sharp instruments).

The dentist told us they did not always use a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society but the majority of patients requiring molar root canal treatments were referred to another local practice. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

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

Medical emergencies

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

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines which were organised and all staff knew where the emergency kit was kept. We checked the emergency equipment and medicines and found them to be in line with the Resuscitation Council UK guidelines and the BNF.

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 and delivers 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 battery was fully charged and the emergency medicines were in date. One medicine was no longer required in the kit and had expired. The dentist removed it and a member of staff took it to the pharmacy for immediate disposal.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references,

proof of identity and checking relevant qualifications. We reviewed staff files and found the recruitment procedure had been followed. Disclosure and Barring Service (DBS) checks had been carried out 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.

The dentist was 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). The trainee dental nurse was registered on an accredited dental nurse training course. They worked under the supervision of the dentist and told us that they felt well supported with the dentist taking time to explain procedures and help with their studies.

Monitoring health & safety and responding to risks

A health and safety policy, procedures and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. These included health and safety, infection prevention and control and the prevention of injuries.

The practice maintained records 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. The dentist told us that they accessed safety data sheets for all products online and assessments were on the practice computer system. We identified hazardous chemical solvent substances in a locked, unused surgery that were no longer used by the practice. The dentist told us they would arrange for their immediate safe disposal.

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)'. The dentist was the infection control lead and was responsible for overseeing the infection control procedures within the practice. They ensured that records related to decontamination processes were retained.

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

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. Staff knew how to recognise items which were single use and these were disposed of appropriately after one use.

The dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfector to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated

autoclave (a device for sterilising dental and medical instruments). Instruments were appropriately bagged and stamped with a use by date one year from the day of sterilisation. We noted there were some bagged sterilised instruments in the unused surgeries that had expired and the dentist gave assurance that these would be removed and decontaminated again or placed into storage. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. The hand towels were also located above this sink. The identification of clean and dirty zones could be improved. We brought this to the attention of the dentist who said they would relocate the hand towels to the handwashing sink, consider moving the autoclave to create a larger area for bagging instruments and review the identification of the zones. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear. Staff also disinfected items that were returned from the dental laboratory. For example, dentures. They kept a record of when this was carried out.

The practice had systems in place for daily and weekly quality testing of 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 and decontamination took place at the end of clinical sessions. Instruments were treated immediately after use with an enzymatic spray to break down blood and loosen debris. Although the practice had only one autoclave, a service contract was in place which included a same day and replacement service to ensure the continuity of services.

The practice carried out six monthly Infection Prevention Society (IPS) self- assessment audits relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). The most recent one was completed in July 2016. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment and infection prevention and control. The audit showed the practice was meeting the required standards.

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 and documented processes to reduce the likelihood of legionella developing which included running the water lines in disused rooms and monitoring cold and hot water temperatures each month. Staff described to us the process to disinfect the dental water lines and suction unit. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclave, washer disinfector and the compressor. We saw evidence of validation of the autoclaves, washer disinfector and the compressor. Portable appliance testing (PAT) had been completed in 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw that the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Prescriptions were stamped only at the point of issue.

Radiography (X-rays)

The practice had a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary. The practice had access to a Radiation Protection Advisor (RPA) when necessary 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 which were specific to the practice were available in the surgery 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.

X-ray audits were carried out every year. 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).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentist 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 used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease, their past history and social factors including smoking.

During the course of our inspection we discussed patient care with the 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. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies. The dentist used markers on patients' notes to alert them if there were any medical conditions which could affect treatment, for example, if they were on blood thinning medicines.

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 dentist followed the guidance from the FGDP before taking X-rays to ensure they were 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 children's teeth when they attended for an examination. Fissure sealants were also applied to the teeth where children were at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

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 and alcohol awareness advice was given to patients where appropriate and patients' comments confirmed this. Patients were made aware of the ill effects of smoking on their gum health and the synergistic effects of smoking and alcohol with regards to oral cancer. There were health promotion 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 familiarisation with the premises, policies and procedures and training on the relevant equipment. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

Staff told us they had good access to on-going training to support their skill level. Records showed the dentist's professional registration with the GDC was up to date and we saw evidence of on-going CPD. We saw evidence that staff also regularly attended training provided by the Yorkshire and Humber dental deanery. Staff also felt they could approach the dentist 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 and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation. We saw evidence that patients were given a choice of where they could be referred and they had the option of being referred privately for treatment.

Are services effective?

(for example, treatment is effective)

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

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

Several patients commented that they were happy with the way that their referrals to other services were handled.

Consent to care and treatment

Patients were given appropriate verbal and written 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. The dentists described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The dentist had received training in and 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. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed, the associated costs and any potential risks related to the treatment. Patients were given time to consider and make informed decisions about which option they preferred. The dentists were aware that a patient could withdraw consent at any time. Patients' comments aligned with these findings.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was strongly and consistently positive and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

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

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

Involvement in decisions about care and treatment

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

Patients were also informed of the range of treatments available in the practice information leaflet and on notices in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be offered an appointment the same day and information about how to access urgent appointments was clearly displayed in the waiting area. Patients' comments confirmed that the practice were responsive to requests for urgent appointments.

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. The practice could access interpretation services if required and members of staff were able to communicate in Urdu, Punjabi and Polish.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included handrails and a ground floor accessible toilet. Patients requiring wheel chair access could be referred to another practice or to the Community Dental Service.

Access to the service

The practice displayed its opening hours in the practice information leaflet but they were not displayed at the entrance to the practice. The practice is open from 8.30am to 12.30pm and 1pm to 2pm Monday to Thursday. The practice also closes for three weeks each summer. The dentist has an arrangement with a neighbouring dental practice to provide cover for when the practice is closed during normal working hours.

For urgent care out of hours, patients are directed to the NHS 111 service which triages the call and passes the details to Local Care Direct who is the out of hour's provider. Private patients were provided with the dentist's mobile telephone number to access urgent out of hour's advice.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. Information about the out of hour's emergency dental service was available on the telephone answering service, displayed in the waiting area and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The dentist was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the dentist to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. We reviewed a recent complaint and found it had been dealt with in line with the practice's policy and the dentist had sought additional advice from their indemnity company. The practice kept a detailed log of any complaints which had been raised. This included the nature of the complaint, the date it had been acknowledged, the date a response had been provided and a conclusion including any actions taken as a result. Any complaints would be discussed at staff meetings (if appropriate) in order to disseminate learning and prevent recurrence. We saw that complaints were used to improve the quality of service being provided. It was evident that positive actions were sought from complaints.

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 two 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 dentist was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective 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 including health and safety, fire safety and legionella.

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.

On the day of the inspection the practice computer booking system wasn't working. Business continuity plans ensured that the service was still open to patients and day lists were printed.

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 complaint they had received.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly 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. During these staff meetings topics such as referrals, the importance of medical histories and information governance were discussed.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as X-rays and dental care records. We looked at the audits and saw that the practice was performing well.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included infection prevention, information governance, medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. The practice paid for staff to attend training including CPD events which covered much of the core CPD. We saw they were booked to attend several forthcoming courses.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out regular patient satisfaction surveys. The satisfaction survey included questions about cleanliness and confidentiality. We saw positive comments that patients had made on the survey forms.

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 100% of patients were extremely likely or likely to recommend the practice to a friend or family member.