

Mrs Anureet Kaur Gill

# Thames Dental Surgery

## Inspection report

1707 London Road  
Leigh on Sea  
Essex  
SS9 2SH  
Tel: 01702 378494  
Website: No website

Date of inspection visit: 1 May 2015  
Date of publication: 21/05/2015

## Overall summary

We carried out an announced comprehensive inspection on 01 May 2015.

The practice has one dentist. There is a practice manager and two dental nurses, one of whom also covers receptionist duties. A hygienist is employed on a part-time basis on a rota.

The practice provides primary dental services to both NHS and private patients with approximately 85% NHS patients. The practice is open Monday to Friday between the hours of 9am and 5pm. The practice is closed between 1pm and 2pm. They are open on alternate Saturday mornings by appointment between 9am and 1pm.

The dentist is the registered manager for the practice. 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.

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

We viewed CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. There were 35 completed comment cards and all of them reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found it easy to book an appointment and they found the quality of the dentistry to be excellent. They said explanations were clear and that the staff were kind, caring and reassuring.

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

### Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.

# Summary of findings

- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- The practice was well-led and staff felt involved and worked as a team.

- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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

- Ensure that records in respect of cleaning tasks, emergency medicines, equipment and fire equipment checks are consistently maintained.
- Implement a structured role-specific induction for all new staff and ensure that all staff have an annual appraisal of their performance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice responded to national patient safety and medicines alerts and took appropriate action. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented.

Patients were informed if mistakes had been made and given suitable apologies. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were recruited robustly and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Induction procedures could be improved upon to ensure that new staff had sufficient opportunity to familiarise themselves with the practice policies, procedures and ways of working.

Infection control procedures were robust and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules should be displayed clearly where X-rays are carried out. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

### **Are services effective?**

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

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

### **Are services caring?**

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients told us they were listened to and not rushed. Some patients also told us that the dentist was particularly sensitive when treating nervous patients. Treatment was clearly explained and they were provided with written treatment plans. Patients were given time to consider their treatment options and felt involved in their care and treatment. Patients were often contacted after receiving treatment to check on their welfare.

### **Are services responsive to people's needs?**

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

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

# Summary of findings

treatment was made available to patients. A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported. The practice handled complaints in an open and transparent way and apologised when things went wrong.

## **Are services well-led?**

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

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

# Thames Dental Surgery

## Detailed findings

### Background to this inspection

The inspection took place on 01 May 2015 and was conducted by a CQC inspector and a dental specialist advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the

complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England local area team, Clinical Commissioning Group (CCG) and Healthwatch. We did not receive any information of concern from them.

During the inspection we spoke with the dentist, the practice manager and both dental nurses. We also spoke with three patients. We reviewed policies, procedures and other documents. Prior to the inspection we sent the practice CQC comment cards and on the day of the inspection we reviewed the 35 which had been completed by patients at the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager. The practice had a 'no blame' culture and policies were in place to support this. The practice manager told us that there had been no safety incidents since the practice opened in April 2015.

There were procedures in place for investigating complaints. These set out how complaints and patient concerns would be investigated, responded to and how learning from complaints would be shared with staff. The practice manager told us that there had been no complaints received since the practice opened. They told us that they would respond to complainants offering an explanation and an apology.

The practice responded to national patient safety and medicines alert that affected the dental profession. These were reviewed by the dentist and practice manager. Where they affected patients their electronic patient record was amended so that it alerted the dentists when the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

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

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should they need to raise concerns. They were also able to demonstrate

that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that all staff at the practice were trained in safeguarding adults and children. The dentist had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations. There had been no safeguarding concerns raised since the practice was registered in April 2015.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of the defibrillator (

a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm ). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the 'Resuscitation Council UK' and British National Formulary (BNF) guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were not recorded.

### Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at the files for each of the five staff employed and found that the process had been followed.

The practice had an induction system for new staff. The practice manager told us that this included a period where new staff were mentored, during which they could

# Are services safe?

familiarise themselves with the practices' policies and procedures. We saw that there was an induction checklist in place, however there were no records to describe the process, duration or staff progress through the induction.

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 staff would cover for their colleagues. The practice manager told us where this was not possible agency staff would be used. The practice manager told us that they were looking to recruit more staff in anticipation of an increasing number of new patients who were registering with the practice.

## **Monitoring health & safety and responding to risks**

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them. The dental practice had relocated to new premises in April 2015 and a detailed health and safety audit had been carried out to ensure the environment was safe for both patients and staff. Where issues had been identified remedial action had been taken in a timely manner.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, and fire evacuation procedures. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested, however records in respect of these checks were not completed consistently.

## **Infection control**

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow. We looked at the records kept and found that they had not been completed consistently. The practice manager told us that they these would be recorded going forward and that they were in the process of employing an external cleaning

company. The practice had in place systems for testing and auditing the infection control procedures. The practice had moved premises in April 2015 and infection control audits were due to be carried out later in the year.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. We saw that two containers of hand washing soap were being used beyond their expiry date and these were replaced immediately when brought to the attention of the practice manager. Posters describing correct hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed and dated and not overfilled. A clinical waste contract was in place and waste matter was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the

Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

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

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

# Are services safe?

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

Staff were well presented and told us they wore clean uniforms daily. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis 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 practice had a legionella risk assessment in place and conducted regular tests on the water supply. (Legionella is a particular bacteria which can contaminate water systems in buildings). This included maintaining records and checking on the hot and cold water temperatures achieved. The dental practice had recently relocated to new purpose built premises and an external assessment to ensure that the procedures in place to reduce the risk to staff or patients were effective.

## Equipment and medicines

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

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

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were

checked and found to be in date. There were sufficient stocks available for use and these were rotated regularly. We spoke with staff and found that the ordering system was effective. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were not recorded for evidential and audit purposes.

## Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were kept in a folder in areas where X-rays were carried out and accessible to staff. All relevant staff had signed a document to indicate that they had read the X-ray procedure and local rules to ensure the safe use of the equipment.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

We looked at a sample of 16 patient's records and found that the assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. We spoke with the dentist and they demonstrated a good knowledge of best practice and improving outcomes for patients. They described their procedures for treating patients with one or more medical condition or those taking medicines such as anticoagulants, which may carry risks and how these risks were managed.

We found that the dentist followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. We saw that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures. Where appropriate dental fluoride treatments were prescribed. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Their

treatment was then monitored after being referred back to the practice after it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care.

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

### Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of attending for regular dental check-ups as part of maintaining good oral health.

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

### Staffing

The practice employed one full time dentist, supported by a practice manager, two dental nurses one who also undertook receptionist duties and a part time dental hygienist. The ratio of dentists to dental nurses was one to two. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels.

Staff training was being monitored and training updates and refresher courses and study days were provided. The practice had identified some training that was mandatory and this included basic life support and safeguarding. Records we viewed showed that staff were up to date with

# Are services effective?

(for example, treatment is effective)

this training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration. We saw that the dentist was undertaking training in restorative dental treatments and was using this knowledge in practice.

The practice has procedures in place for appraising staff performance; however the practice manager confirmed that none of the staff had received a recent appraisal. Staff spoken with said that felt supported and involved in discussions about their personal development. They told us that managers were supportive and always available for advice and guidance.

The practice had an induction system for new staff. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practices' policies and procedures. We saw that there was an induction checklist in place, however there were no records to describe the process, duration or staff progress through the induction.

Staff numbers were monitored and identified staff shortages were planned for in advance wherever possible. The practice manager told us that staff would work flexibly and cover for colleagues if needed and staff we spoke with confirmed this. The practice manager said that if required, temporary agency staff would be employed and there were procedures in place to ensure that appropriate checks would be undertaken on any temporary staff employed at the practice.

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. The practice team was small and at the time of our inspection we saw that few staff meetings were held. Staff told us that information was shared on a daily basis as needed.

## Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included conscious sedation for nervous patients.

The care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details

of the consultation and the type of treatment required. This was then sent to the practice that was to provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

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

## Consent to care and treatment

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing.

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

The dentist told us that they rarely undertook treatment on the same day as they preferred to offer patients an explanation of the risks, options and benefits and to allow them time to think about them, before returning and providing their consent for treatment. Only where matters were urgent or a patient was in discomfort did treatment take place on the same day. The practice had suitable consent forms available for both private and NHS patients if written consent was required for any treatment.

The dentist and practice manager explained how they would support patients if their mental capacity was such that they might be unable to fully understand the implications of their treatment. Staff confirmed that they

# Are services effective?

(for example, treatment is effective)

would refer to the provisions of the Mental Capacity Act 2005. They told us that they would ensure that appropriate assessments had been completed and that any decisions made were in the best interests of the patient.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

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

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

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

Patients we spoke with and those who completed comment cards said that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. A number of patients told us the dentist was particularly sensitive to patients who were nervous or anxious about their treatment.

### **Involvement in decisions about care and treatment**

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

We saw that patients were provided with information about their proposed treatments and they were given time to consider all options available to them before they consented to the treatment. We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered both NHS and private treatment and the costs of each were clearly displayed and fee information leaflets were available.

Appointment times and availability met the needs of patients. The practice was open from 9am to 1pm and 2pm to 5pm. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. Pre-booked appointments were available from 9am to 1pm on alternate Saturdays.

Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one. We saw that patients who completed the NHS friends and family test said that they were extremely likely to recommend the dental practice.

### Tackling inequity and promoting equality

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

The practice premises were purpose built and all services were provided at ground floor level. The waiting area could accommodate wheelchairs, prams and pushchairs. The reception area included a low level section to accommodate patients in wheelchairs. A portable induction loop was available for patients with partial hearing loss. Accessible, adapted toilet facilities with grab rails and an emergency call system were available.

The practice had considered the needs of patients who were unable to attend the practice. The practice manager told us that they did not provide home dental visits but that these would be considered should the need arise.

### Access to the service

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

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

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

### Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were included in the practice leaflet given to all new patients and accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been no complaints made since the practice opened in April 2015. Patients we spoke with on the day of our inspection had not had any cause to complain but felt that staff at the practice would treat any matter seriously and investigate it professionally. CQC comment cards reflected that patients were highly satisfied with the services provided.

# Are services well-led?

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

## Our findings

### **Governance arrangements**

The practice had arrangements in place for monitoring and improving the services provided for patients. There were robust governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments. The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock of them and they were all in date.

The dentist regularly reviewed their practices to improve outcomes for patients. We saw that the dentist had recently audited their procedures in relation to tooth extractions to reduce the incidents of extracted teeth breaking during the process. The dentist sought advice through peers who were undertaking the same study they were. This resulted in a change in practice which reduced tooth breakage during extraction.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. The practice also used a dental patient computerised record system and all staff had been trained to use it. This enabled dental staff to monitor their systems and processes and to improve performance.

### **Leadership, openness and transparency**

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the practice manager if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

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

### **Management lead through learning and improvement**

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

We saw that the dentist reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

The practice manager and staff told us that patients could give feedback at any time they visited. A recent patient survey had been carried out and the results of this had been positive, with patients expressing a high level of satisfaction with the services they received. The practice had also consulted patients in relation to the relocation of premises and taken into account any questions or concerns raised.

The practice had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

At the time of our inspection the practice did not hold regular staff meetings and staff appraisals had not been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.