

Royal Mews Dental Practice Limited

Royal Mews Dental Practice

Inspection Report

17 Royal Mews,
Southend on Sea
Essex,
SS1 1DB

Tel: 01702352450

Website: www.RoyalMewsDentalPractice.co.uk

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Ratings

Overall rating for this service

No action 

Are services safe?

No action 

Are services effective?

No action 

Are services caring?

No action 

Are services responsive?

No action 

Are services well-led?

No action 

Overall summary

We carried out an announced comprehensive inspection on 31 August 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?

Summary of findings

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

Background

Royal Mews Dental Practice is a dental practice situated in purpose adapted residential premises in Southend on Sea, Essex.

The practice has three treatment rooms, two waiting rooms and a reception area. Decontamination takes place in a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice has a principal dentist, one associate dentist, three dental hygienists, six dental nurses and a practice manager. The dental nurses also carry out reception duties.

The practice is registered with the Care Quality Commission (CQC) as an organisation. The principal dentist is the registered manager. 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.

The practice offers private general preventative and cosmetic dental treatments to adults and children. The opening hours of the practice are 8.30 am to 5.30 pm on Mondays, 8.30 am to 7pm on Tuesdays and Wednesdays, between 8.30 am and 5 pm on Thursday, 7.30am to 2pm on Fridays and 9am to 5pm on Saturdays.

We left comment cards at the practice for the two weeks preceding the inspection. Eight people provided feedback about the service in this way. All of the comments spoke highly of the dental care and treatment that they received and the professional, attentive and caring attitude of the dentists and dental nurses.

Our key findings were:

- There was an effective complaints system and learning from complaints was used to make improvements where this was required.
- The practice was visibly clean and clutter free and Infection control practices met national guidance.
- There were a number of systems in place to help keep people safe, including safeguarding vulnerable children and adults.
- Staff were trained and supported to meet the needs of patients.
- Dental care and treatments were carried out in line with current legislation and guidelines.
- Patients reported that they were received exemplary dental care and they were treated with respect and compassion and staff were understanding, polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- The practice provided a flexible appointments system and could normally arrange a routine appointment within a few days or emergency appointments mostly on the same day.
- The practice kept medicines and equipment for use in medical emergencies. These were in line with national guidance and regularly checked so that they were fit for use.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Governance arrangements were in place for the smooth running of the service.
- Patient's views were sought and used to make improvements to the service.

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

- Review the arrangements for auditing the quality of X-ray images so that the grading is assessed in accordance with the National Radiological Protection Board (NRPB) guidelines..

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had effective systems and processes in place to provide safe care and treatment and to assess and minimise risks. There were a range of risk assessments in place including fire safety, health and safety, infection control and legionella. These were reviewed regularly and appropriate action taken as needed to help keep people safe.

The practice had procedures in place to safeguard children and vulnerable adults. The dentists and dental nurses had undertaken training appropriate to their role, and understood their responsibilities in this area.

The practice was visibly clean and infection control procedures were in line with national guidance.

The cleaning and decontamination of dental instruments was carried out in line with current guidelines. Regular audits and checks were carried out to ensure that the infection control arrangements were effective.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions.

There was a range of equipment medicines for use in medical emergencies and these were in line with national guidance. Staff had undertaken appropriate training. Medicines and equipment were stored appropriately, accessible and regularly checked.

All staff had been appropriately recruited, suitably trained and was supported to meet patients' needs.

No action



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 good practice guidance from the National Institute for Health and Care Excellence (NICE). The practice carried out a range of regular audits to demonstrate that care and treatment reflected relevant guidelines.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was regularly reviewed and used to plan patient care and treatment. Patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors recorded.

Advice was provided to patients in relation to diet, alcohol and tobacco consumption and maintaining good oral health.

No action



Summary of findings

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Patients consent was obtained and they were provided with a detailed written treatment plan which described the treatments considered and agreed together with the proposed timeframe for completions and the fees involved.

Patients were referred to other specialist services where appropriate and in a timely manner.

The dentists and dental nurses were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities. Staff were supported through a system of appraisal and undertook a range of additional training to support them to meet the needs of patients.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. A private room was available should patients wish to speak confidentiality with the dentist or reception staff. Staff had undertaken training around respecting and promoting equality and diversity.

We spoke with one patient and they said that they were treated with care and kindness by all staff. Comments on the eight completed CQC comment cards we received also reflected patients high levels of satisfaction with how they were treated by staff. Patients indicated that they received exemplary dental treatment, care and advice. They also said that staff treated them with kindness, compassion and understanding. They particularly when patients were experiencing pain or anxiety.

Patients said that they were able to be involved in making decisions about their dental care and treatment. They said that they were allocated enough time and that treatments were explained in a way that they could understand, which assisted them in making informed decisions.

Comments on the eight completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be professional, polite, empathetic and caring.

No action



Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. Appointments could be booked in person, online or by telephone. The practice appointments system was flexible to meet the needs of patients. Evening appointments were available up to 7pm on Tuesdays and Wednesdays, early morning appointments from 7.30 am were available on Fridays and appointments were available between 9am and 5pm on Saturdays.

No action



Summary of findings

The practice operated a triage system to help identify and prioritise urgent same day access for patients experiencing dental pain which enabled them to receive treatment quickly. A number of emergency appointments were available each day. Patients were advised in the information leaflet as to how they could access emergency treatment including when the practice was closed.

The practice premises were accessible to patients with physical disabilities. Treatment rooms were located on the ground and first floor and there was step free access to the premises. The waiting area and treatment rooms were sufficiently spacious to accommodate wheelchairs.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them. Complaints were investigated and responded to in a timely manner and a suitable explanation and apology was offered.

Are services well-led?

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

The practice had systems and processes in place for assessing and monitoring the quality and safety of services provided. A range of regular audits and reviews were carried out to monitor its performance and help improve the services offered. For example, X-ray audits which are mandatory, clinical examinations and patients' dental care records audits were routinely carried out and improvements made as needed.

There were systems in place for assessing and monitoring risks to patients and acting on the results to minimise these risks. Risks associated with fire, cross infection, legionella and medicines were routinely assessed and the findings shared with staff to help minimise these risks.

Staff who we spoke with told us that they were supported and they were clear about their roles and responsibilities to ensure the smooth running of the service. The principal dentist was proactive in keeping up to date with reviews and changes to current guidance and ensuring that these were implemented in the practice.

The dental care records were maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.

The principal dentist ensured that staffs' training, learning and development needs were reviewed at appropriate intervals and there was an effective process for their on-going training, assessment, appraisal and supervision.

The practice regularly sought and acted on feedback from patients in order to improve the quality of the service provided.

No action



Royal Mews Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 31 August 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing patients and staff, observations and reviewing documents.

During the inspection we spoke the principal dentist and associate dentist, two dental nurses, the practice manager and one patient. We reviewed policies, procedures and other records relating to the management of the service. We reviewed eight completed Care Quality Commission comment cards.

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 policies and 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 raise safety issues to the attention of colleagues and the partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The principal dentist told us any accident or incidents would be discussed at practice meetings or whenever they arose. We reviewed the practice significant event records, the accident book and the minutes from practice meetings. There had been no incidents in the last 12 months.

The principle dentist was aware of their responsibilities under the duty of candour. The practice had policies and procedures in relation to this and these were regularly discussed with the practice team. We were told that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The principal dentist told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were reviewed and discussed with staff, action taken as necessary and the alerts were stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. All members of staff had received safeguarding training in adults and children. Training in safeguarding children and young adults was up to Level 2 and they were able to demonstrate their awareness of the

signs and symptoms of abuse and neglect. The practice had a whistleblowing policy which was all staff were aware of and understood. They told us they felt confident they could raise concerns without fear of recriminations.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. Where a rubber dam was used this was recorded within the patients records.

The practice carried out regular patient dental care record audits in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. The record audits were reviewed regularly and those we were shown demonstrated that patient records were maintained in line with the guidance.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All members of staff undertook regular training updates in training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines and included oxygen, a range of airways and masks and portable suction equipment. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency medicines, equipment, emergency oxygen and the AED were checked weekly. We checked the emergency medicines and found that they were of the recommended type and were in date.

Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, checking their



Are services safe?

skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed the personnel files for two members of staff which confirmed that the processes had been followed.

Records showed that all new staff undertook a period of induction during which they were supported to familiarise themselves with the practice policies and procedures.

We saw that all relevant staff had been checked by the Disclosure and Barring Service (DBS). The 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.

We saw that all relevant members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

Monitoring health & safety and responding to risks

The practice had appropriate policies and procedures and regularly undertook a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and risk assessment to identify and assess risks associated with the practice premises and equipment and which included guidance and manual handling and management of clinical waste.

There was a detailed fire risk assessment and this was reviewed regularly. There were procedures for dealing with fire including staff training and arrangements for safe evacuation from the premises. Fire safety equipment was regularly checked and tested to ensure that it worked properly.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to

known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

Infection control

One of the dental nurses was the infection control lead and there was an infection control policy which was reviewed regularly. All members of staff undertook annual infection control training including decontamination of dental instruments. Staff had access to personal protective equipment such as disposable gloves, face masks and eye wear and received inoculations against Hepatitis B. It is recommended that 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 acquiring blood borne infections.

Clinical waste including sharps (needles and disposable dental instruments) was handled safely and stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

All areas of the practice were visibly clean and uncluttered. There were systems in place for cleaning in the dental surgery, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly. We saw that the practice carried out regular infection control audits to test the effectiveness of the infection prevention and control procedures.

The decontamination of dental instruments was carried out in a dedicated decontamination room with designated 'clean' and 'dirty' areas. Staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures.

The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. We found that instruments were being cleaned, sterilised, packaged and stored in line with published guidance (HTM01-05). The practice had systems for reviewing and ensuring that there were sufficient sterile instruments available to treat patients.



Are services safe?

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sink. Paper hand towels and liquid soap was also available in the toilet. Gel hand sanitisers were available in the patient waiting area.

There were procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Regular legionella risk assessments were carried out. These and other measures were taken including flushing and disinfecting waterlines to increase the likelihood of any contamination being detected early and treated.

Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.)

Records were kept in respect of checks and maintenance carried out for equipment such as the autoclave and X-ray

equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics, emergency medicines and a small supply of antibiotics were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates. No other medicines were kept at the practice.

Radiography (X-rays)

The practice had a radiation safety policy.

We reviewed the practice's radiation protection file. There was evidence of the local rules. Local rules state how the X-ray machine in the surgery needs to be operated safely. The local rules were displayed in the surgeries. The dentists were up to date with their continuing professional development training in respect of dental radiography.

The practice regularly audited their X-rays. The records we reviewed showed that X-rays were justified and graded in accordance with the guidelines. However; the practice should also ensure that audits have documented learning points and that resulting improvements can be demonstrated following the Faculty of Dental Practice (FGDP) guidelines.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and any allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information in the patient's electronic dental care records for future reference. In addition, the dentists told us they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records. The practice carried out regular audits and the results of these demonstrated that patient's medical history was obtained reviewed and updated as required. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The records showed routine dental examinations including checks for gum disease and malignancies had taken place.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental care records these discussions took place and the options chosen and fees were also recorded. Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgery.

The dentists advised us they provided advice in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying

fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The results of regular dental care records we were shown confirmed this. Documents we were shown demonstrated that information in relation to patients health promotion and disease prevention was routinely recorded within patients dental records.

Staffing

The dentists and dental nurses were and we were provided with documents which showed that they were maintaining their continuing professional development (CPD) to maintain update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

The dentist and dental nurses told us that they worked well as a team. There were on-going training and development opportunities available and the nurse was supported and undertook an annual appraisal of their performance from which areas for personal development were identified and planned for. Records showed that staff had undertaken training in areas including basic life support, infection control and safeguarding children and vulnerable adults, health and safety and fire safety, equality and diversity, Mental Capacity Act 2015 and information governance.

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 NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations.

The dentist explained that they would refer patients to other dental specialists for treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer. The principal dentist showed us records of audits carried out to ensure that referral were made in an appropriate and timely way in line with current guidance.

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. These procedures were in line with current



Are services effective?

(for example, treatment is effective)

legislation and guidance including the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. Both staff had received MCA training and this was updated each year. They understood their responsibilities in relation to this.

The dentist described how they would obtain consent from patients who they thought would experience difficulty in understanding their treatment and / or consenting to this. The process described was consistent with the provisions of the MCA. They could also demonstrate that they were aware of the need to determine parental responsibilities when obtaining consent in relation to the treatment of children. Regular audits were carried out to ensure that patient consent was obtained and recorded appropriately.

Staff ensured patients gave their consent before treatment began. Patients and staff told us that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced. Patients said that they were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time. Regular audits were carried out to ensure that patient consent was obtained. The results from audits carried out during 2016 demonstrated that patients were provided with appropriate information before giving their consent to their care and treatment



Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to confidentially they would speak to them in a private room or spare surgery.

Staff had undertaken training in maintaining confidentiality, information governance and equality and diversity issues. Staff who we spoke with understood the need to maintain patients' confidentiality. The dentist was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely.

Comments made by the patient we spoke with on the day and on the eight completed CQC comment cards were very complimentary about the service received. People told us that the dentists and nurses were particularly caring and sensitive. They said that staff were understanding and gentle particularly when treating patients who were experiencing anxiety or dental pain.

Involvement in decisions about care and treatment

The patient who we spoke with said that their dentist involved them in making decisions about their dental care and treatment. They told us that the dentist always explained their treatments in a way that they could understand and allowed them time to consider the treatment options available and to ask any questions in relation to their care and treatment. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment. Comments made by patients who completed the CQC comment cards also confirmed that patients were involved in their care and treatment.

The dentist demonstrated that they understood the principles of the Gillick competency test and applied it. The 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 about their care and treatment. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

Records we were shown demonstrated that audits were carried out to ensure that information provided to patients about their care and treatment and their involvement in making decisions in relation to this.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the waiting area described the range of services available, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure. A range of information leaflets on oral care and treatments were available in the practice and information was also available on the practice website.

The practice was open and offered appointments between 8.30 am to 6 pm Monday, Tuesday and Wednesday, between 8.30 am and 7 pm on Thursday and 8.30am to 4.30pm on Fridays. The practice offered private appointments on Saturdays between 9am and 12noon. The practice provided patients with information about accessing emergency dental treatment when the practice was closed.

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. The dental practice was located in ground floor purpose adapted building. The premises had disabled access toilet facilities and sufficient space to accommodate patients who used wheelchairs. There was step free access from street level into the surgery.

We saw that the practice had equality and diversity policy and staff demonstrated that they understood this and adhered to this. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The practice staff told us that they did not have access to a translation service for patients whose first language was not English. The practice had carried out an assessment in relation to the needs of people who have a physical or sensory impairment.

Access to the service

The patient who we spoke with told us that they could always get an appointment that was convenient to them

They said that they had always been able to access an appointment on the same day if they needed urgent treatment. Patients who completed CQC comment cards also said that could access the service in a timely way.

The dentists told us that priority would be given to patients who required urgent dental treatment and we were shown on the computerised appointments system that emergency appointments were available each day.

Staff told us that appointments generally ran to time. They told us that they advised patients if the dentists were running behind schedule. The patient who we spoke with said that they did not have to wait too long to be seen.

For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the telephone of the practice on-call dentist who would provide advice and / or treatment as required.

Concerns & complaints

The practice had a complaints policy and procedures. This was in line with its obligations to investigate and respond to complaints and concerns.

Information which described how patients could raise complaints was displayed in the waiting area, in the practice patient leaflet and on the practice website. The principal dentist was responsible for investigating and responding to complaints.

Records we viewed showed that complaints were investigated and responded to in accordance with its complaints policy. We saw that an acknowledgement letter and a copy of the practice complaints code were sent to patients within three days of receipt of complaints. A full response and an apology was sent once the complaint had been investigated. Patients were made aware of their rights to escalate their complaint should they remain dissatisfied with the outcome or the way in which their complaint was handled.

The minutes from practice meetings demonstrated that complaints made and any learning arising from these was shared and discussed with the team to help improve patient's experiences and levels of satisfaction.



Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, health and safety policy and an infection prevention and control policy. The policies and procedures were reviewed regularly and accessible to all staff. The practice policies and procedures were regularly discussed, reviewed and updated where needed to ensure that they were practice specific.

We found the practice had audits of various aspects of the service. There was a programme for ongoing review of the service through audits including X-ray audits in accordance with current guidelines and record keeping audits which monitored areas including patient consent and reviewing patients medical history

There were systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of service users. For example, checking the equipment for use in a medical emergency, monitoring staff training and development needs, assessing risks to the health and safety of staff and patients through a range of safety related audits including fire and infection control.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us it was a good practice to work at and they felt able to raise any

concerns with colleagues and the practice manager. They were confident that any issues would be appropriately addressed. Staff also told us they worked very well together and supported each other.

Staff were aware of their responsibilities to comply with the duty of candour and told us if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

Learning and improvement

The dentists and the dental nurses maintained their own training records. They were up to date with their mandatory training. The practice had a process to review the training, learning and development needs of staff. The practice manager told us that they held regular staff meetings where they discussed any issues and shared any learning to improve the services.

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

The practice regularly sought the views of patients through patient satisfaction surveys and there was a suggestion box within the reception area. The results of the practice's survey were reviewed regularly and the findings shared with the staff team to secure improvements where these were needed. Results which we were shown indicated very high levels of satisfaction among the patients who participated in relation to the dental care and treatment they received, attentiveness of staff, cleanliness and availability of appointments.

Staff told us they had the opportunity to share information and discuss any concerns or issues during their daily interactions and regular staff meetings.