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HRS Dentalcare Ltd

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 March 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

HRS Dental Care is situated in a converted residential building in Stonehouse, Gloucestershire. It provides private dental care with a small children only NHS provision. The practice clinical team comprises of the principal dentist, two dental therapists, one dental hygienist and three qualified dental nurses. The clinical team are supported by one practice manager and two receptionists.

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

The practice has three dental treatment rooms, a small laboratory for making study models, gum shields and whitening trays and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area and main waiting room are on the ground floor. There is one surgery on the ground floor.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected three completed cards and spoke to one patient on the day of our inspection. Without exception patients were

Summary of findings

positive about the quality of the service provided by the practice. They gave examples of the positive experiences they had at the practice and told us the practice team were professional, caring and helpful. All the patients commented that they received high quality treatment and they were happy with the results. We looked the practice's NHS Friends and Family results for January 2016 where 100% of patients who completed the survey would recommend HRS Dentalcare Ltd.

Our key findings were:

- Patients who completed CQC comment cards were all positive about the practice team and the care and treatment provided.
- The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- The practice was visibly clean and an employed cleaner was responsible for the day to day cleaning. However there was no cleaning schedule in place and equipment was not stored correctly or designated according to the latest National Patient Safety Association guidance (NPSA). Since our inspection the provider have evidenced that there is now a full and comprehensive cleaning schedule in place and the cleaner has been fully trained in all aspects. The cleaner now completes regular check lists to ensure that the cleaning complies with the relevant guidance from the NPSA.
- The practice had well organised systems to assess and manage infection prevention and control. However there was no process in place for managing blood or bodily fluid spillages and the use of hypochlorite solution as detailed in the Department of Health infection control and prevention Code of Practice. A spillage kit was ordered the same day as the inspection and arrived the following day. All clinical staff have been trained in it's use.
- The practice had appropriate safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines. However, consumable items such as syringes and airways were found to be past their expiry dates and the emergency kit did not contain a paediatric face mask for the emergency self-inflating bag. Any expired dressings were immediately replaced by the practice and the appropriate paediatric face mask is now stored as part of the emergency kit. The systems have been changed to ensure that all sterile dressings are reviewed to ensure that expiry dates are not missed.
- The practice had recruitment policies and procedures and used these to help them check the staff they employed were suitable for their roles.
- Dental care records provided comprehensive information about patients care and treatment.
- Staff received training appropriate to their roles and were supported in their continuing professional development.
- Patients were able to make routine and emergency appointments when required.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided. However, the practice process and procedure for dispensing medicines did not fully reflect the requirements of the Human Medicines Regulations 2012.
- The practice had systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

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 took safety seriously and had organised systems to help them manage this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment and dental radiography (X-rays).

Staff were aware of their responsibilities relating to child protection and adult safeguarding and all staff identified the practice safeguarding lead professional. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

However, the practice should ensure systems are put in place for the proper and safe management of medicines. We saw secondary dispensing was taking place at the practice whereby medicines were removed from the original dispensed containers and put into pots in advance of the time of administration which potentially puts patients at risk of taking the wrong medicine. The emergency medicines and equipment had not been appropriately maintained in accordance with the Resuscitation Council UK guidelines 2013.

Are services effective?

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

The practice provided dental care and treatment which took individual patient's needs into account. The dental care records we saw provided comprehensive information about patients care and treatment. Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

Are services caring?

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

We gathered patients views from three completed Care Quality Commission comment cards. These all described positive views about the service. All cards contained detailed comments describing high quality care delivered by a caring and professional team. Patients also commented about being treated with respect and kindness, being put at ease and having all aspects of their treatment fully explained to them. We also saw the practice's NHS Friends and Family test results for January 2016 which 100% of patients would recommend this practice to friends and family. During the inspection we saw staff showed a caring and respectful attitude towards patients.

Are services responsive to people's needs?

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

All patients we received feedback from told us they had always been pleased with their care and treatment at the practice.

The practice was accessible for patients with disabilities and staff ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access treatment, urgent and emergency care when required.

Summary of findings

Information was available for patients at the practice and on the practice website; this included details of how to make a complaint.

Are services well-led?

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

The practice had arrangements for managing and monitoring the quality of the service including relevant policies and processes. The practice management team comprised of the principal dentist supported by the practice manager who also supported patients in the treatment co-ordinator role. The management team understood their responsibilities for the day to day running of the practice. All the staff we spoke with enjoyed working at the practice and felt supported by the management team.

The practice had a warm and friendly atmosphere and we saw the staff worked well together as a team. The provider and staff were positive about on going learning and development to help them maintain and improve the quality of the service provided to patients.

HRS Dentalcare Ltd

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 was carried out on 9 March 2016 by a lead CQC inspector and a second CQC inspector. Before the inspection we reviewed information we held about the provider and information we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team including the principal dentist, dental hygienist, dental nurses, reception staff and the practice manager. We looked around the premises including the treatment rooms, decontamination room and small laboratory.

We reviewed a range of policies and procedures and other documents and read the comments made by three patients on comment cards provided by CQC before the inspection. We also looked at the practice's NHS Friends and Family survey results for January 2016.

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 a significant event policy to provide guidance to staff about reporting and recording significant events. The practice did not have a log of significant events; the practice manager assured us this was due to there being no problems, incidents, accidents or complaints which needed to be recorded as significant events.

The practice had robust systems and policies in place for handling complaints and accidents, learning from these was shared at staff meetings where appropriate.

The practice manager had a process for checking and sharing national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency.

Reliable safety systems and processes (including safeguarding)

Staff members were aware of how to recognise potential concerns relating to the safety and well-being of children, young people and vulnerable adults. All members of the practice team had completed safeguarding training within the last year. Staff we spoke with were able to identify their practice safeguarding lead professional.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in Gloucestershire. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

There was a whistleblowing policy which included contact details for NHS England and for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. All staff had signed and dated to confirm they were aware of and understood this policy.

The principal dentist confirmed they used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The principal dentist advised they were working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. We observed the practice used single use syringes and were informed that clinicians were responsible for the disposal of used sharps and needles. We were shown the practice protocol and policy in place for needle stick injuries.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The practice had most of the emergency medicines set out in the British National Formulary guidance however we noted buccal midazolam was not available. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. However the practice did not have paediatric face masks or ambu bag. The practice manager advised that the appropriate paediatric face mask was immediately ordered and now stored as part of the emergency kit.

One of the dental nurses was delegated the responsibility for checking the emergency medicines and equipment to monitor they were available and in date. We saw records to show the emergency medicines were checked monthly however consumables such as airway tubes and single use syringes were past their expiry dates. Any expired dressings were immediately replaced by the provider and the systems have been changed to ensure that all sterile dressings are reviewed to ensure that expiry dates are not missed.

Staff had completed first aid and annual basic life support training and training in how to use the defibrillator.

Staff recruitment

The practice had a recruitment policy and procedure in place which was used alongside an induction training plan for new starters. We looked at the recruitment records for three staff members which evidenced the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of

Are services safe?

relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to 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.

The practice manager had a clear process for checking clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy and risk assessment which both addressed numerous general and dentistry related health and safety topics.

The practice had carried out a fire risk assessment and all staff had completed both online fire safety training and practical fire extinguisher training within the last year. Fire procedures were displayed throughout the building which detailed who the fire marshals were and the fire evacuation plan. External specialist companies were contracted to service and maintain the fire alarm, smoke detectors, intruder alarm and fire extinguishers. We saw annual servicing records for these which were all within the last year.

The practice had detailed information about the control of substances hazardous to health (COSHH). These were well organised and easy for staff to access when needed. The records showed that these were last reviewed in January 2016.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

Infection control

The practice employed someone to carry out the general cleaning in the building which we observed to be visibly clean and tidy. However we noted there was no written cleaning schedule for the cleaner to follow to ensure they understood the scope and role of their expected tasks.

There was also no cleaning schedule in place and equipment was not stored correctly or designated according to the latest National Patient Safety Association (NPSA) guidance. Since our inspection the provider have evidenced that there is now a full and comprehensive cleaning schedule in place and the cleaner has been fully trained in all aspects. The cleaner now completes regular check lists to ensure that the cleaning complies with the relevant guidance from the NPSA.

The practice had an infection prevention and control (IPC) policy and two infection control lead professionals who were responsible for completing the IPC audits. We saw evidence the last IPC audit was completed using the Infection Prevention Society format in August 2015, the audit scored the practice at 90% and identified areas which needed attention. The practice manager implemented changes in accordance with the audit and a subsequent re-audit identified a revised score of 98%. The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

There was a dedicated decontamination room situated on the first floor of the practice which served all three treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01- 05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted suitable containers were used to transport dirty and clean colour coded instruments between the treatment rooms and decontamination room. The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

Are services safe?

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms had designated hand wash basins for hand hygiene and liquid soaps and paper towels. There was a hand hygiene poster displayed above all hand wash basins. There was a risk assessment and procedure in place for hand washing in the decontamination room as this did not have a designated hand wash basin.

The practice had a Legionella risk assessment carried out by a specialist company in 2011 and had completed all the recommended work. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out routine water temperature checks and kept records of these.

The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and documentary evidence was seen to support this.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice manager had a system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

Equipment and medicines

We saw maintenance records which showed equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, laboratory equipment, the compressor and the practice boilers. Portable electrical appliances had been tested in May 2015 to make sure they were safe to use.

The practice had a prescription logging system to account for the prescriptions issued to prevent inappropriate prescribing or loss of prescriptions. We saw the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients dental care records as expected.

Due to providing out of hour's emergency care for private patients the practice held a prescribing supply of antibiotics and ibuprofen for dispensing to patients. However we saw evidence the practice was secondary dispensing these medicines which involved removal of medicines from the original dispensed containers and placing them into pots in advance of prescribing and dispensing. This is unsafe practice as the process has removed a vital safety-net to check the medicine, strength and dose with the original packaging. We also observed the bottles into which medicines had been dispensed were not appropriately labelled in accordance with the Human Medicines Act 2012. The practice manager and the principal dentist told us they did not always supply a patient information leaflet to go with the medicines to ensure the patients had information about side effects and when to seek help from a healthcare professional. When we highlighted these issues to the practice manager they assured us this process would cease with immediate effect and arrangements made for the safe disposal of these medicines.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed the required maintenance of the X-ray equipment was carried out.

We saw training records which confirmed the dentists and nurses had received appropriate training for core radiological knowledge under IRMER 2000 Regulations.

Are services safe?

The practice had records showing they audited the technical quality grading of the X-rays each dentist took. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment.

These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with the principal dentist who described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). This included guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals.

We looked at comprehensive treatment plans for patients which reflected their dental needs. These were well documented, concise and easy to follow. We saw the dental care records contained the required details of the dentist's assessment of patients tooth and gum health, medical history and consent to treatment. Patients were asked to complete a medical history form at the start of each course of treatment. We saw evidence that demonstrated at each visit the dentist, hygienist and therapists asked patients whether there had been any changes to their medical history.

Children only clinics were held throughout school holidays to encourage regular attendance and provide improved patient access.

Health promotion & prevention

The principal dentist was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The practice team included two dental therapists and a dental hygienist to work alongside the principal dentist in delivering preventative dental care. In addition to this two of the nurses held recognised Oral Health Education certificates. Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. Fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) were also used on patients who were particularly vulnerable to dental decay.

The principal dentist confirmed they checked patients smoking and alcohol use at check-up appointments and discussed this with patients when necessary. The practice routinely offered Healthy Mouth Reviews which was a combined appointment with the principal dentist and hygienist. Full preventative advice was given at Healthy Mouth Reviews which included a correct brushing technique, obtaining help to stop smoking, gum health advice and mouth cancer checks. There were leaflets and posters at the practice about various topics such as obtaining help to stop smoking.

The practice's medical history forms included questions about alcohol consumption and smoking and the dentists gave patients verbal advice about the associated risks.

Staffing

The practice actively encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. The practice used an annual appraisal system to monitor the clinical team had completed appropriate training to maintain their continuing professional development (CPD) required for their registration with the General Dental Council (GDC). Evidence demonstrated all staff received an annual appraisal. Appraisal documents seen were comprehensive and contained up to date CPD records for the clinical team.

We saw training certificates for staff which showed they had completed a wide range of clinical and health and safety related courses. These included basic life support, first aid, infection control and safeguarding.

All of the dental nurses had completed additional training to enable them to carry out extended duties at the practice. This included radiography training to qualify them to take X-rays, oral health education and implant training. When we spoke with the practice manager they confirmed clinicians were up to date with their CPD and the practice had additional professional indemnity insurance to cover these extended duties. One CPD file and three training files were looked at on the day of our inspection which corroborated the above verbal information from staff.

The practice participated in Gloucestershire Independent Dentists (GID) training days which were attended approximately every quarter. Being a member of the GID gives the practice access to postgraduate programmes and internationally renowned speakers on a full range of clinical and allied topics.

The practice had a structured induction process which included opportunities for new staff to shadow their more experienced colleagues.

Working with other services

Are services effective?

(for example, treatment is effective)

The principal dentist told us they were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery, special care dentistry and orthodontic providers.

The principal dentist referred patients as needed to the dental hygienist and dental therapists employed at the practice and to external professionals when patients were anxious and required appointments where conscious sedation could be provided to allow treatment and minimise distress to the patient.

The practice referred patients for investigation of suspected cancer in line with NHS guidelines.

The practice did not routinely ask patients if they wanted a copy of their referral letter.

Consent to care and treatment

We saw the practice recorded consent to care and treatment in patient's records and provided written treatment plans for both private and NHS patients where necessary. We spoke with the principal dentist about how they implemented the principles of informed consent. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. The clinical staff we spoke with understood the importance of obtaining and recording consent and providing patients with the information they needed to make informed decisions about their treatment.

The practice had a written policy and guidance for staff about the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We discussed consent and the MCA with the practice manager, principal dentist and hygienist. They understood the relevance of this legislation to the dental team and had completed relevant training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients views from three completed Care Quality Commission comment cards. These all described positive views about the service. All cards contained detailed comments describing high quality care delivered by a knowledgeable, caring and professional team. Patients also commented about being treated with respect and kindness, being put at ease and having all aspects of their treatment fully explained to them. We also saw the practice's NHS Friends and Family test results for January 2016 which 100% of patients would recommend this practice to friends and family. During the inspection we saw staff showed a caring and respectful attitude towards patients.

Treatment rooms were situated away from the main waiting area and we observed doors were closed at all times when patients were with clinicians. Conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patient's privacy.

The practice had a confidentiality policy in place and staff had received information governance training and in discussion demonstrated its application in practice.

Involvement in decisions about care and treatment

All of the patients we received information from confirmed their dentist listened to them and made sure they understood the care and treatment they needed. The practice manager was also the patient treatment co-ordinator and a private consultation room was used to discuss treatment plan options and costs in depth.

We saw three examples of comprehensive dental care records which showed the detail the dentist had provided to a patient to assist them to reach a decision about the treatment that was best for them. This included explanations of the risks and benefits of each option.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw the practice waiting room displayed a wide variety of information including information about maintaining oral hygiene and leaflets about the services the practice offered. We looked at the patient information pack that was sent to all new patients and included membership costs and details, private treatment price list, medical history form, dental history form, opening hours, emergency 'out of hours' contact details and arrangements, and how to make a complaint.

There was a spacious waiting room for patients with a selection of hot and cold drinks available alongside children's books, newspapers and a variety of magazines.

Patients could access treatment and urgent and emergency care when required. We noted an example of practice flexibility as a patient arriving very late for an appointment was seen in a cancellation slot when they arrived at the practice.

We observed the appointment diaries were not overbooked and this provided capacity each day for patients with dental pain to be fitted into urgent slots as required. The clinicians decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which was signed by all staff to confirm they had read and understood what was expected of them.

Staff told us they had very few patients who were not able to converse confidently in English.

There were arrangements in place for patients with impaired mobility. The practice ensured that patients unable to use stairs had their appointments in the ground floor surgery. There was a ramp access at the front door, level access into reception and through to the waiting room. The toilet was situated on the ground floor and was spacious and suitable for patients who used wheelchairs. Staff told us they always arranged for patients with restricted mobility to be seen

downstairs.

Access to the service

The practice was open Monday to Friday at the following times:

Monday, Tuesday and Thursday: 9am to 5.30pm

Wednesday: 9am to 7pm

Friday: 9am to 3pm

The practice manager confirmed the length of appointments varied according to the type of treatment being provided and were based on treatment plans.

When the practice was closed they provided a recorded message to let their patients know they could access emergency NHS dental treatment by telephoning the local dental access unit or by phoning the NHS 111 number. A separate out of hour's telephone number was available for private patients to use.

Details of opening times and out of hours contact numbers was also available on the practice website.

Concerns & complaints

The practice had a complaint policy and procedure. There was information about how to complain on the practice website and in the patient information pack. The complaint procedure explained who to contact if a patient had concerns and how the practice would deal with their complaint. Details of how they could complain to NHS England and the Dental Complaints Service (for private patients) were included.

The practice had received one complaint during 2015, which had been dealt with in a timely manner and managed in accordance with the practices policy. The minimal level of complaints reflected the caring and professional ethos of the whole practice.

Are services well-led?

Our findings

Governance arrangements

The practice had a full time practice manager who supported the principal dentist in the day to day running of the practice.

The practice's statement of purpose outlined their aim to provide the best looking, longest lasting dentistry possible and then help their patients keep themselves and their mouths healthy for life.

The practice manager had organised policies and procedures to support them and the principal dentist in the management of the practice. These included whistleblowing, safeguarding, equality and diversity, complaints and consent. All of the staff we spoke with were aware of the policies and how to access them.

The practice carried out a range of audits to assist them to manage and maintain the quality of the service they provided. These included audits of hand hygiene, dental care records, X-rays and infection control.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaints handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them.

Leadership, openness and transparency

We found the practice felt relaxed, cheerful and professional. Strong and effective leadership was provided by the principal dentist and an empowered practice manager. The practice was established with many staff having worked there a long time. Staff members told us the team got on well together and they enjoyed working at the practice.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or the principal dentist. The practice had monthly staff meetings to which all staff members attended and contributed.

Learning and improvement

The team were supported in their learning and development. Staff received training and an annual appraisal.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff confirmed the principal dentist and practice manager encouraged appropriate training and development. All of the dental nurses had taken additional qualifications in dental radiography, oral health education and implants which enabled them to offer extended duties to support patient's treatments. The practice used a variety of ways to ensure staff development including internal training and attendance at external courses and conferences.

The practice manager had a training matrix which ensured all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, safeguarding and dental radiography (X-rays). We saw the practice manager kept all staff files and training records up to date.

The practice participated in Gloucestershire Independent Dentists (GID) training days which were attended approximately every quarter. Being a member of the GID gave the practice access to postgraduate programmes and internationally renowned speakers on a full range of clinical and allied topics.

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

The practice sent out feedback forms to all patients upon completion of treatment and these were collated and analysed monthly for improvements. We looked at the feedback results which showed high levels of patient satisfaction and did not identify specific improvements that were needed.

We also looked at the results of their NHS Friends and Family Test for the month of January 2016. This survey showed all five respondents would recommend the practice.

Staff we spoke with felt they were listened to and felt confident about speaking at staff meetings or raising any concerns. This was confirmed through staff meeting minutes.