Dr. Andre Louw

Dr Andre Louw - Minehead

Inspection Report

Blenheim Dental Practice
5b Blenheim Road
Minehead
Somerset
TA24 5PY
Tel: 01643 702317
Website: www.blenheimdental.co.uk

Date of inspection visit: 25 August 2015
Date of publication: 01/10/2015

Overall summary

We carried out an announced comprehensive inspection on 25 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was providing safe 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.

Our key findings were:

- The practice had systems and processes in place which ensured patients were protected from abuse and avoidable harm by a skilled staff team.
- Patients' treatment and support achieved positive outcomes, promoted a good quality dental care and was based on the most recently available guidance and evidence.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were organised so that they meet patients' needs and were flexible enough to accommodate emergency appointments each day.
- The leadership, management and governance of the organisation supported the delivery of high-quality patient centred treatment, supported additional learning and promoted an open and fair culture.

There were areas where the provider could make improvements for example:

- Training for new staff about safeguarding vulnerable adults should be prioritised earlier in their induction training.
- All policies should be dated to evidence clearly the date they were reviewed.

Background

Blenheim Dental Practice provides general NHS dentistry and some private dental services to living in Minehead

Summary of findings

and the surrounding areas. The practice has patients from a wide rural catchment area surrounding Minehead with some patients travelling long distances to attend appointments. The practice is located on the first and second floors of a terraced property close to the main shopping area, with parking close by. The dental treatment and hygienist rooms are on the first and second floors and there is a separate decontamination room.

The practice has four treatment rooms and a separate dental hygienist area. The practice employs three dentists and is a training practice which supports one foundation trainee dentist. There is also a team of five dental nurses employed by the practice, one of the nurses is a trainee. The dental teams were supported by a practice manager and two receptionists. The practice is open from 8:30am until 5:00 pm Monday to Friday. The practice has their own website which provides information about the opening times and services they provide.

The main dentist is 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.

We spoke with 10 patients who provided feedback about the service during our inspection. We also received comment cards from 16 patients. The patients we spoke with and the comments we received were all positive about the treatment they received. Similarly positive comments were made about the caring nature of all the staff in the practice. Patients commented they felt the dentists took time to explain the required treatment and involved them in their treatment and decision making.

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 the practice was providing safe treatment and care in accordance with the relevant regulations. Systems, processes and practices were in place to ensure all care and treatment was carried out safely. Lessons were learned and improvements were made when things went wrong. Systems, processes and practices were in place to keep patients safe and safeguard them from abuse. Risks to individual patients were assessed and their safety monitored and maintained. Potential risks to the service were anticipated and planned for in advance and systems, processes and practices were in place to protect patients from unsafe use of equipment, materials and medicines.

Are services effective?

We found the practice was providing effective care in accordance with the relevant regulations. Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. There were effective arrangements in place for working with other health professionals to ensure effective quality of treatment and care for the patient. Patients' consent to treatment and care was always sought in line with legislation and guidance.

Are services caring?

We found the practice was providing caring services in accordance with the relevant regulations. Patients were treated with kindness, dignity, respect and compassion while they receive treatment and care. Patients and those close to them were involved as partners in their treatment and care and people who used the services, and those close to them, received the support they needed to cope emotionally with their care and treatment.

Are services responsive to people's needs?

We found the practice was providing responsive care in accordance with the relevant regulations. Services were planned and delivered to meet the needs of patients. Services took account of the needs of different patients, including those in vulnerable circumstances. Patients could access care and treatment in a timely way and patients' concerns and complaints were listened and responded to, and used to improve the quality of patient care.

Are services well-led?

We found the practice was providing well-led care in accordance with the relevant regulations. Governance arrangements ensured responsibilities were clear, quality and performance were regularly considered, and risks were identified, understood and well managed. The leadership and culture reflected the vision and values of the practice. They encouraged openness and transparency and promoted the delivery of high quality treatment and care. Quality assurance was used to encourage continuous improvement and patients, the public and staff were engaged with and involved in improving the service.

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Detailed findings

Background to this inspection

We inspected this practice on 25 August 2015. Our inspection team was led by a Care Quality Commission (CQC) lead Inspector who had access to remote advice from a specialist advisor. A second CQC inspector assisted with the inspection.

We informed organisations such as NHS England area team and Healthwatch Somerset that we were inspecting the practice; however we did not receive any information of concern from them. We asked the provider to send us information about their practice and to tell us about the things they did well. We reviewed the information for patients on the practices website and on the NHS Choices website.

We spoke with patients, interviewed staff working in the practice during the inspection. We carried out observations throughout the day of our inspection and reviewed documents the practice produced as part of their quality assurance processes and day to day management of their business.

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 patient's needs?
- Is it well-led?

These questions formed the framework for the areas we looked at during the inspection. Aspects of the practice we looked at included; how the practice provided person-centred treatment; treated patients with dignity and respect; gained consent; provided safe care and treatment; safeguarding patients from abuse and improper treatment; maintained suitable premises and equipment; how they received and acted on complaints; maintained good governance and supported and recruited staff.

Are services safe?

Our findings

Patients were protected from abuse and avoidable harm.

Reporting, learning and improvement from incidents

We noted there were systems, processes and practices in place to ensure all treatment was carried out safely and lessons were learned and improvements made when things went wrong. For example; the staff demonstrated an awareness of the control of substances hazardous to health (CoSHH) and safe infection control processes. We observed measures were in place to support their awareness and included online learning and lunchtime learning sessions. Staff were aware of who to report concerns and incidents to and had work processes in place to minimise these occurrences. The practice ensured where things went wrong which affected patients they were kept informed and they received an apology. The provider told us they would also apply these principles to situations which went wrong and serious incidents which might involve patients. Any learning from these occurrences or complaints was shared with all staff at regular monthly staff meetings.

Reliable safety systems and processes (including safeguarding)

There were systems, processes and practices in place to keep patients safe and safeguard them from abuse. All staff had undertaken training about safeguarding vulnerable adults and child protection. Staff we spoke with understood their responsibilities and the reporting systems for raising concerns and said they felt confident in fulfilling their responsibilities to report concerns. For example, staff were able to describe the signs and types of abuse they might encounter when seeing patients. In addition the practice kept accurate and detailed patient records which were written and managed in a way which kept patients safe. Local authority safeguarding contact numbers were available to all staff in the practice manager's office in the policy file folders.

In addition the practice had reliable safety systems for waste management, hygiene and infection control, recruitment, checking emergency equipment and medicines and security which ensured patient safety.

Medical emergencies

The practice had arrangements in place to manage medical emergencies. Risks to patients were assessed and their safety was monitored and maintained. Records showed how all staff had received training in basic life support and emergency first aid. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly each week. All of the staff we spoke with told us they knew how to react in urgent or emergency situations but had not had to utilise these skills.

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular weekly checks were completed to ensure the equipment and emergency medicine was safe to use. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines and associated equipment we checked were in date and fit for use.

The practice had a business continuity plan in place to deal with a range of emergencies which may impact on the daily operation of the practice. Risks identified included the failure of utilities such as water and electrical supplies, adverse weather and incapacity of staff. The plan also contained relevant contact details for staff to refer to. For example, contact details of the electricity company to contact if the electrical system failed. Staff we spoke with were aware of the business continuity arrangements; the practice managers and provider could access the patient record system from their other practices in emergency situations. They could also use the other surgeries temporarily in an emergency situation to ensure continuity of patient treatment.

Staff recruitment

Staff told us the levels of staff and skill mix were reviewed and staff were flexible in the tasks they carried out. We heard how staff could be brought in from the other practices to help cover absences such as annual leave and sickness. Staff were multi skilled and were able to cover different roles when the practice entered busy periods.

Are services safe?

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements.

There were effective recruitment and selection procedures in place. We reviewed the employment files for four staff members. Each file contained evidence that satisfactory pre-recruitment checks had taken place including application forms or curriculum vitae's (CVs), employment history, evidence of qualifications and employee's identification and eligibility to work in the United Kingdom. The qualifications, skills and experience of each employee had been fully considered alongside references as part of the interview process.

A range of checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service (DBS) had been carried out. 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.

Monitoring health & safety and responding to risks

Potential risks to the service were anticipated and planned for in advance to ensure patient and staff safety. The practice had implemented systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, cross infection, medicines and equipment.

The practice had a health and safety policy. Health and safety information was available to staff and a health and safety poster showing who was the local contact person was clearly displayed in the staff room. The practice had developed clear lines of accountability for all aspects of treatment and support. Staff were allocated lead roles or areas of responsibility for example, safeguarding vulnerable patients, the premises and infection control.

There were arrangements in place to deal with foreseeable emergencies. We saw the practice had been assessed for risk of fire and routinely checked all fire equipment such as fire extinguishers as well as ensuring escape routes were kept clear. The fire alarm was tested by another occupier of the premises and was carried out weekly. We saw fire equipment had been maintained in July of this year and staff were able to demonstrate to us they knew how to respond in the event of a fire.

Infection control

Systems, processes and practices were in place to protect patients from unsafe use of equipment, materials and medicines and to reduce the risk and spread of infection. There was a clear infection control policy which included minimising risks associated with blood-borne virus transmission and the possibility of needle stick and sharps injuries. The policy also included decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance about decontamination and infection control issued by the Department of Health in the 'Health Technical Memorandum 01-05 the Decontamination in primary care dental practices (HTM 01-05 2013)' guidance. This document and the practice policy and procedures about infection prevention and control were accessible to and followed by all staff.

We examined the facilities for cleaning and decontaminating dental instruments. We noted there was a dedicated decontamination room with a clearly marked flow from 'dirty' to 'clean'. The layout of the room was in accordance with the HTM 01-05 2013 guidance document.

A dental nurse with lead responsibilities for infection control explained and demonstrated to us how instruments were washed, decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated. We saw instruments were kept moist until being flushed, washed and rinsed prior to being washed in a washer disinfector machine. Instruments were then inspected using an illuminated magnifier. An autoclave was then used as an additional cleaning process to ensure instruments were sterilised, instruments were checked again and dried ready for the next use.

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We saw daily, weekly and monthly tests were performed to check the cleaning and sterilising equipment was working efficiently and a log was kept of the results. We saw evidence the recommended

temperature was regularly checked to ensure the equipment was working efficiently in between service checks. Each machine had a digital data record which the practice manager routinely audited.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination area which ensured the risk of infection spread was minimised. The containers were specific to each treatment room and were rigid with a sealed lid which helped prevent soiled instruments falling out if dropped.

We observed how waste items were disposed of and stored securely. The practice had a contract for the removal of clinical waste. We saw the differing types of waste were safely segregated and stored at the practice; this included clinical waste and safe disposal of sharp objects. The practice had reviewed it's current waste storage and had arranged alternative storage to the outside of the premises since our last inspection in October 2013.

Staff explained to us the practice protocol for single use items and how they should be used and disposed of. The methods described were in line with guidance.

There was an appropriate supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises to be cleaned, the schedule was routinely checked by the practice manager. We looked at the treatment rooms where patients were examined and treated. All rooms and equipment generally appeared to be clean and well maintained and clutter free. We noted in one room a chair used by a dentist was slightly damaged and in another room a chair pedestal had been scuffed by shoes. We raised these concerns with the practice manager who told us they would arrange for a replacement to be provided and for the cleaner to clean the chair pedestal.

Staff told us the importance of good hand hygiene was included in their infection control training. We saw staff washing their hands before seeing the next patient and observed similar behaviour before leaving the decontamination area.

Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were sufficient supplies of protective equipment for patients and staff members. We observed staff wiping down surfaces between patients to ensure a hygienic environment.

Records we looked at showed a risk assessment process for Legionella had been carried out. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Equipment and medicines

There were sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process. Equipment had been serviced regularly, including the suction compressor, washer disinfector, autoclave, oxygen cylinder and the X-ray equipment. We were shown the annual servicing records for all equipment. The records showed the service had an efficient system in place to ensure all equipment in use was safe and in good working order.

An effective system was in place for the recording, use and stock control of the medicines used in the treatment rooms such as local anaesthetics. The systems provided an account of medicines used and regularly completed audits demonstrated patients were given medicines only when necessary. The batch numbers and expiry dates for local anaesthetics were recorded on individual patient records. These medicines were stored safely. Prescription pads used for prescribing medicines such as antibiotics were similarly well managed and stored securely.

Radiography (X-rays)

The practice used digital X-ray machines, these were located in each treatment room. The practice had nominated a radiation protection supervisor. The controllers were located just inside each room and had long operating cables which ensured staff were in a safe area during the X-ray process. The equipment was switched off when not in use and local radiation rules were placed beside each controller. Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. We saw that when X-ray equipment was used staff followed the guidance provided.

Are services safe?

The practices radiation file showed a prior risk assessment, restriction of exposure, maintenance and examining of engineering controls, contingency plans and controlled areas had been undertaken and identified. Acceptance testing had been undertaken. All staff taking X-rays had received information and training associated with dental radiography and all radiographs were quality rated. Records we viewed demonstrated the X-ray equipment was regularly tested and serviced.

Are services effective?

(for example, treatment is effective)

Our findings

Patients' care, treatment and support achieved positive outcomes, promoted a good quality of life and was based on the best available evidence

Monitoring and improving outcomes for patients

Patients needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. For example, the practice received and accessed the latest information and guidance and had access to information from organisations such as, the Faculty of General Dental Practice (FGDP), General Dental Council (GDC), the British Dental Association (BDA), the National Institute for Health and Care Excellence (NICE) as well as NHS patient safety information. This information was shared and discussed in practice meetings and during appraisal meetings.

Assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and GDC guidelines. Following our discussions with patients and staff and from the records we reviewed we saw the dentists routinely assessed each patient's gum health and X-rays were taken at appropriate intervals or as required. They also recorded the justification, findings and quality assurance of X-ray images taken to reduce the need for unnecessary exposure to radiation.

The assessments also included an examination of the patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco. These measures demonstrated a risk assessment process for oral disease and oral cancer was carried out routinely. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Appointments with the dental hygienist were available to improve or maintain oral health for patients.

Patients requiring specialised treatment such as sedation were referred to other specialist services.

Patients we spoke with and comments noted from patient feedback reflected that patients were satisfied with the assessments, explanations, the quality of the dentistry and the outcomes of the treatment provided.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall approach to patient support and advice, and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. The practices hygienist had a range of information leaflets about improving and maintaining better oral health which they shared with patients. Patients commented positively about the informative nature of these leaflets.

The practice asked new patients to complete a new patient health questionnaire. Records showed patients were given advice appropriate to their individual needs for example, smoking cessation or dietary advice, particularly in regard of sugary soft drinks. Information available in the practice and on their website promoted good oral and general health. This included information about healthy eating and tooth sensitivity. Further information was available about a range of other treatments to support health promotion and wellbeing for example, preventing tooth decay, smoking cessation, fluoride varnish, teeth whitening, denture care and dental implants.

Staffing

Practice staffing included dentists, a hygienist, dental nurses, management and reception staff. We reviewed a sample of four staff training records and saw that staff were up to date with attending mandatory courses for example; health and safety and infection control. All staff were up to date with their yearly continuing professional development (CPD) requirements. Their CPD records were checked regularly by the practice manager and discussed at appraisal meetings.

There was an induction programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective treatment and support to patients. Staff had undertaken training to ensure they were kept up to date with the core skills and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control. We noted that a recently employed member of staff had not yet completed safeguarding vulnerable adults training and discussed this with the practice manager. They told us they would prioritise this for future new staff.

Are services effective?

(for example, treatment is effective)

There was an effective appraisal system in place which was used to identify training and development needs. The most recent staff appraisals were undertaken in June 2015. Staff we spoke with told us their appraisals had led to further training such as access to learning about dental implants and the opportunity to develop this learning further.

Working with other services

The practice had systems and policies in place to refer patients to other specialists if the treatment required was not provided by the practice; for example, sedation. Where a referral was necessary, the type of care and treatment required was explained to the patient and they were given a choice of other healthcare professionals who were experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up treatment or monitoring.

The lead dental partner was involved in a number of dental committees, which included roles as chairman of Somerset British Dental Association and secretary of the Somerset Local Dental Council. They have also been appointed as a foundation dentist trainer for the Southwest for more than 10 years and works with a range of other services to fulfil these roles.

Consent to care and treatment

Our discussions with staff demonstrated they were aware of the Mental Capacity Act 2005 (MCA) and the Children Acts 1989 and 2004, and their duties in fulfilling the Acts. We saw they had undertaken training in these subject areas. All the staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff demonstrated an understanding of the MCA and how this applied when considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure patients needs were met.

Staff we spoke with understood consent issues. They understood that consent could be withdrawn by a patient at any time. The practice ensured valid consent was obtained for all care and treatment before it was provided. Staff discussed and agreed individual treatment options with the patient; they explained and the risks, benefits and costs of the treatment and documented it in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. We saw they signed the treatment plan and this was held in their patient record. The patients we spoke with confirmed they were consulted with before investigations or treatment commenced.

Are services caring?

Our findings

Staff involved and treated patients with compassion, kindness, dignity and respect.

Respect, dignity, compassion & empathy

We collected and reviewed 16 completed comment cards which patients had completed. These provided a positive view of the service the practice provided. Patients commented how the dentists made them feel at ease and comfortable, and that they received compassionate and effective treatment and support. Patients we spoke with told us they found the staff at the practice were kind, empathetic and respectful. They also told us they felt staff at the practice listened and responded appropriately to them.

Privacy was provided in treatment rooms so that patients' dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during patient consultations and conversations taking place in these rooms could not be overheard. During our inspection, we saw that the dental nurse collected patients from the waiting rooms. We noted they had a welcoming, friendly and respectful approach and patients responded to this positively.

We saw staff treated patients with kindness and respect and interacted positively with patients in the reception area. Patients were greeted by their chosen name and staff kept patients informed when there were delays in their appointment and apologised for the inconvenience.

Staff we spoke with assured us that they were able to promote dignity of patients and respond appropriately to patients who needed additional support. For example, we saw a member of staff offering support to a patient who was having difficulties using the stairs following their appointment on the second floor. The member of staff arranged for the patients next appointment to be in a room with their preferred dentist which would be more easily accessible to the patient.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection said they were involved in decisions about their care and treatment and that health conditions and current medicines were discussed with them. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. We saw patients had signed a copy of their treatment plan agreeing to the costs and course of treatment needed. One of the patients we spoke with, told us the dentist explained the treatment required and they were able to make a joint decision with the dentist.

Information leaflets were available which provided guidance about a wide range of treatments and conditions such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, dental implants and dentures was accessible on the practice website as well as in the patients waiting room. Patients we spoke with stated this information helped inform decisions about their treatment.

We looked at a small sample of examples of written treatment plans and saw they explained the treatment required and outlined the costs involved. The dentist told us they did not routinely carry out treatment the same day unless it was considered urgent. This enabled patients to consider the options, risks, benefits and costs before making a decision about whether to proceed with the treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Services were organised so that they met patients' needs.

Responding to and meeting patients' needs

Services were planned and delivered to meet the needs of patients. The practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice had a clear understanding of who their population were and understood their needs including, making appointments long enough to provide appropriate investigations and treatment. Most examinations appointments were approximately 20 minutes long with filling appointments ranging from 20 to 30 minutes long depending on the patient's needs. More complex dentistry had longer times made available in response to the needs of the treatment and patient. Longer appointments were also made available for nervous patients to allow the dentist and nurse time to relax and reassure the patient.

The practice had effective systems in place to address identified needs in the way services were delivered. They had also implemented suggestions for improvements and made changes to the way they delivered services in response to feedback direct from patients. For example, by increasing the number of appointments available through providing appointments from 8:30am and by occasionally opening on a Saturday to cope with patient demand.

Appointment times and availability met the needs of patients. The practice was open from 8:30am until 5:00pm from Monday to Friday. Emergency appointment slots were available daily and the practice had a contract with the local dental helpline to provide urgent need appointments for patients not registered at the practice.

Patients with emergency dental needs were assessed and seen the same day if treatment was urgent. Staff told us the practice scheduled enough time for them to assess and undertake patients' treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. We saw the practice had flexibility with appointments enabling them to provide treatment with an alternative dentist (if the patient chose).

Tackling inequity and promoting equality

We noted all reasonable efforts and adjustments had been made to enable patients to receive their treatment. Patients reported they had access to and received information in the manner that best suited them and in a way they understood. We saw evidence of reasonable effort and action to remove barriers where patients found it difficult to access or use services. Patients with reduced mobility and patients with pushchairs were able to access services from one of the providers other practices or were advised of practices in the local area which were able to meet their needs. The practice had accessible toilet facilities for patients attending the practice. We saw the treatment rooms were accessible for patients with reduced mobility. One positive comment we heard from a patient showed the practice made adjustments to the way they worked to support them. Their dentist swapped treatment rooms to a first floor room to reduce the number of stairs they had to go up.

On street parking was available close to the entrance of the practice with further parking spaces a short distance away.

The practice had access to the NHS telephone translation service if patients required this facility. A hearing loop was available in the reception area of the practice.

Access to the service

Patients had access to check up assessment and treatment appointments in a timely way as well as follow up appointments. Waiting times, cancellations and delays were managed appropriately and patients had timely access to urgent treatment when needed. Where treatment was urgent patients would be usually be seen the same day. We looked at the appointment diary on the day of our visit and saw urgent appointment slots were available if needed.

All patients we spoke with and received comments from were satisfied with the appointments system. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. Later appointments were available outside of school hours for children and young people. Specific longer appointments were allocated to vulnerable patients if required.

We asked the practice manager how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed

Are services responsive to people's needs?

(for example, to feedback?)

how to access out of hours emergency treatment NHS dental service. The practice brochure also had this information available for patients. Following our inspection visit we were able to confirm this.

Concerns & complaints

There was a complaints system in place which was publicised, accessible and understood by staff and the majority of patients we spoke with who used the service. We saw patients concerns and complaints were listened and responded to and used to improve the quality of service provided.

We looked at complaints received and managed by the practice and saw there was openness and transparency in how complaints were handled and responded to. There had been four complaints or concerns raised this year; we saw from the individual complaints that all had been responded to in line with the practice complaints policy. Letters of apology had been sent to the patients concerned and the complaints were discussed at staff meetings so lessons could be taken from the events. We noted the complaints log lacked a column to indicate the learning taken from the complaint. The practice manager was able to explain the log had recently been updated and clarified the learning gained from the older complaints log.

Information was provided on the practices website and in the practice brochure about the steps patients could take if they were not satisfied with the service provided. Patients reported that they knew how to complain but had not needed to make a complaint. They told us they felt the staff would listen to them, treat them compassionately and provide them with the help and support they needed to make a complaint if required.

Are services well-led?

Our findings

The leadership, management and governance of the organisation ensured the delivery of high-quality, patient-centred care, supported learning and innovation and promoted an open and fair culture.

Governance arrangements

The practice had governance arrangements which ensured roles and responsibilities throughout the service were clear and defined. Quality and performance were routinely considered and risks were identified, understood and routinely managed. For example, staff were supported, mentored and managed at all times and were clear about their lines of accountability. The practice manager and other staff carried out audits and daily checks and took responsibility for ensuring all staff were kept informed of the outcomes of the audits and checks. The registered manager and practice manager understood their responsibilities and were supported in their role by all staff in the practice.

Staff were supported to meet their professional standards and follow their professional code of conduct. All staff were up to date with their yearly continuing professional development requirements (CPD). They were monitored and encouraged to maintain their CPD by the practice manager. Staff had access to online learning, lunchtime learning sessions as well as additional training courses to help maintain their knowledge and skills. One member of staff told us about training in dental implants and we saw another was being supported to become a qualified dental nurse.

The practice had a policy of ensuring all patient records were maintained to the required standards through the Exact patient record system. This information was audited quarterly by the practice manager. Audit records indicated appropriate record keeping in line with current General Dental Council guidance, example records shared with us and the record templates we saw confirmed this.

We reviewed other records such as policies, maintenance logs, daily, weekly, monthly and quarterly checklists, staff recruitment records and complaints records. We saw they were well maintained, up to date and referenced current best practice guidance and legislation. We also saw evidence of how the practice informed staff about when policies were updated from staff meeting minutes. The minutes were placed in a meeting minutes file to ensure this information was shared with all staff.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included for example; infection control, X-ray quality, medical history reviews, emergency medicines checks and the standard of treatment rooms. Where areas for improvement had been identified action had been taken to ensure standards were maintained or improved. We saw evidence of repeat audits over several years which evidenced that improvements had been maintained.

Leadership, openness and transparency

The leadership and culture of the practice reflected their values and statement of purpose, encouraging openness and transparency and promoting the delivery of high quality care. We saw from minutes of staff meetings that they were held regularly usually every month. These were supplemented by daily informal meetings at coffee and lunch breaks to discuss the days schedule and to pass on important information or new guidance. Staff told us that there was an open and accessible culture within the practice which resulted in a happy working environment. They said they had the opportunities and were happy to raise issues at team meetings and at any time with the provider or practice manager without fear of repercussions.

The practice managers had responsibility for human resources management across the practice. We reviewed a number of policies for example, disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We saw these were up to date. We were shown the staff handbook that was available to all staff, which included sections on areas such as disciplinary and harassment at work. All staff told us the practice was a relaxed and positive environment to work in and they enjoyed coming to work at the practice. Staff stated they felt supported by the practice management team.

We reviewed complaints received and how they were managed by the practice and saw there was openness and transparency in how complaints were handled and responded to. Letters of apology had been sent to the patients concerned and the complaints were discussed at staff meetings so lessons could be taken from the events.

Management lead through learning and improvement

Are services well-led?

Staff we spoke with told us the practice supported them to maintain their clinical professional development through training, support and mentoring. We reviewed staff files and saw annual appraisals had taken place which included a personal development and training plan. Staff told us the practice was supportive of training and we saw evidence to confirm this. For example, dental nurse training, online learning and training in specialist dental areas.

The practice was a registered training practice with one of the dentists being the foundation dentist trainer. They supported the foundation dentist who commented positively about the support provided and the learning they were supported with. We observed that the foundation trainee received mentoring support regularly, including the last day of their placement which coincided with our inspection.

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. For example, infection control audits which identified improvements in cleanliness, record keeping audits which confirmed clear record keeping and patient feedback audits identifying appointment improvements.

We also noted the practice manager had learned from inspections carried out at the other provider locations. We saw they had reviewed policies which had been highlighted as needing updating, improved waste management, provided a wider range of emergency equipment and had enhanced infection control procedures. We also noted improvements in equipment provision for example, the provision of a water distillation unit which reduced the time taken to produce the water and ensured it was stored hygienically.

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

The practice had processes in place to actively seek the views of patients and were able to provide evidence about how they took these views into account. We saw the last patient questionnaire was completed in February 2015 which had identified overall satisfaction with the services provided, we saw from the information provided by the practice that improvements had taken into account the comments made. This included better advice for patients about how smoking could affect their oral health.

The staff we spoke with told us the management team valued their involvement and that they felt engaged and said their views were reflected in the planning and delivery of the service. Staff and the provider understood the value in staff and patients raising concerns. The practice had gathered and responded to feedback from patients through patient discussions, a suggestions box, comments on the NHS Choices website and their friends and family surveys. (The NHS Choices website provides the public with information about NHS services and enables patients to write comments about the services they receive).

The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the development of the practice to improve outcomes for patients and themselves. The practice encouraged patient testimonials and shared these with staff and patients via their website to ensure positive feedback was shared.