IDH Limited

Mydentist - Oxford Road - Calne

Inspection Report

5, Oxford Road,
Calne.
Wiltshire.
SN11 8AA
Tel:01249 822380
Website: www.mydentist.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 3rd November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mydentist Calne is located in the centre of Calne and provides NHS and private treatment to patients of all ages. The practice consists of two treatment rooms, toilet facilities for patients and staff, a reception/ waiting area and a staff room.

The practice treats both adults and children. The practice offers routine examinations and treatment. There are two dentists and a hygienist.

The practice's opening hours are

8.30 to 17.00 on Monday

8.00 to 17.30 on Tuesday

8.30 to 17.00 on Wednesday

8.00 to 18.00 on Thursday

8.30 to 17.30 on Friday

We carried out an announced, comprehensive inspection on 3rd November 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

Summary of findings

Before the inspection we looked at the NHS Choices website. In the previous year there had been four reviews about the practice ranging from 1 star to 5 stars. The organisation responded to all the comments and discussed the learning points with staff.

For this inspection 11 people provided feedback to us about the service. Patients were positive about the care they received from the practice. They were complimentary about the service offered which they said was excellent. They told us that staff were helpful, caring and friendly. Patients told us that the practice was safe, clean and hygienic. We received no negative comments.

Our key findings were:

• Safe systems and processes were in place, including a lead for safeguarding and infection control.

• Staff recruitment policies were appropriate and the relevant checks were completed. Staff received relevant training.

• The practice had ensured that risk assessments were in place and that they were regularly reviewed.

• The clinical equipment in the practice was appropriately maintained. The practice appeared visibly clean throughout.

•The process for decontamination of instruments followed relevant guidance.

• The practice maintained appropriate dental care records and patients' clinical details were updated suitably.

• Patients were provided with health promotion advice to promote good oral care.

• Written consent was obtained for dental treatment.

• The dentist was aware of what process to follow when a person lacked capacity to give consent to treatment.

• All feedback that we received from patients was positive; they reported that it was a caring and effective service.

• There were governance systems in place at the practice such as systems for auditing patient records, infection control and radiographs.

• The service sought feedback from patients and made changes in response to feedback and complaints.

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

- Review the process for decontamination of instruments to reduce the risk of water spillage on to the floor.
- Provide a suitable sign on doors of rooms where oxygen is stored.
- Review the process for onward referral to other professionals to include offering a copy of the referral letter to the patient.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

There were appropriate systems for reporting incidents and for learning from incidents. Staff had received training about safeguarding adults and children. There were policies about safeguarding and whistleblowing and staff knew how to report any concerns.

There were also arrangements for dealing with foreseeable emergencies, for fire safety and for managing risks to patients and to staff. There was a business continuity plan. Hazardous substances were managed safely.

Appropriate checks were being made to make sure staff were suitable to work with vulnerable people. The necessary medicines were in place. Equipment was regularly serviced. X-rays were dealt with safely.

The surgeries were fresh and clean. We found that guidance about decontamination of instruments was being followed to reduce the risk of the spread of infection.

Are services effective?

No action

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

The dentists took X-rays at appropriate intervals. The practice was checking the condition of the gums for every patient and they were checking for oral cancers. Patients completed medical history questionnaires and these were updated at each visit. The practice kept up to date with current guidelines and research. They promoted the maintenance of good oral health through information about effective tooth brushing. The dentist discussed health promotion with individual patients according to their needs.

The practice had sufficient staff to support the dentist. Staff received appropriate professional development and the expected training.

The practice had suitable arrangements for working with other health professionals and making appropriate referrals to ensure quality of care for their patients. Patients were asked for written consent to treatment. The dentist working on the day of our visit showed understanding about the Mental Capacity Act 2005 (MCA) and what they would do if an adult lacked the capacity to make particular decisions for themselves.

Are services caring?

No action

We found that this practice was providing caring services in accordance with the relevant regulations. Staff in the practice were polite and respectful when speaking to patients. Patients' privacy was respected and treatment room doors were closed during consultations. The practice used an electronic record system and the computer screens in reception were shielded so that they could not be seen by patients.

Summary of findings

Patients were positive about the care they received from the practice. They reported that staff were helpful, polite, caring, pleasant, and friendly. People were given treatment plans by the dentist, which they had signed to show their consent and agreement to them. Are services

Are services responsive to people's needs?

No action

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

The practice had a system to schedule enough time to assess and meet patients' needs. People said that they could get an appointment easily. Emergencies were usually fitted in on the day they contacted the practice. The practice actively sought feedback from patients on the care being delivered. There was a procedure about how to make a complaint and the process for investigation. We saw evidence that the practice responded to feedback made direct to the practice and made changes when necessary.

There was an equality and diversity policy and staff had received training about equality and diversity. There was information about translation services for people whose first language was not English. There was no level access for wheelchair users to the surgeries and people who could not use stairs were offered an appointment at another surgery that had level access. There was a hearing loop system for patients who had a hearing impairment.

Are services well-led?

No action

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

The practice had systems for clinical governance such as audits of infection control, radiographs and record keeping. There were checks of equipment. The autoclave and compressor were serviced and there were daily checks of the autoclave.

The practice had a range of policies which were made available to staff and these were in the process of being reviewed.

The practice manager was the lead for the practice supported by more senior managers in the organisation. There was a whistleblowing policy and information for staff about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no such incidents.

The practice manager held team meetings where staff discussed developments in the practice such as learning from incidents. Staff were responsible for their own continuing professional development and kept this up to date.

The practice sought feedback from patients through patient satisfaction feedback forms and text surveys and these were analysed by the organisation. The practice manager had made changes in the practice in response to this feedback.

Mydentist - Oxford Road - Calne

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 3rd November 2016. The inspection took place over one day.

The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the local Healthwatch and NHS England. NHS England provided some information but they raised no concerns about the service.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with three members of staff and one dentist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

Eleven patients provided feedback about the service. Patients, who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly, helpful and caring attitude of the dental staff.

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

There was an effective system for reporting and learning from incidents. Incidents were recorded and analysed. We saw an accident/incident/dangerous occurrences procedure. There was an accident investigation form and a procedure for reporting accidents. Staff reported any accidents or incidents to the health and safety team who decided whether the incident needed to be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been two incidents in the practice in the past 12 months and one was also an accident. Staff reported incidents and accidents to the manager who escalated them to the health and safety team.

The organisation sent quarterly newsletters to all practices with information and learning from incidents in other practices. The practice manager told us that he gave these to staff to read and discussed them in team meetings. Staff had signed a record to show that they had read the information. The practice manager said that learning from accidents and incidents was discussed in team meetings. We saw team meeting minutes which showed that learning from accidents and incidents was a regular agenda item and the incidents in the past year had been discussed.

Reliable safety systems and processes (including safeguarding)

There was a procedure on the wall in each surgery about what to do if a member of staff had a sharps injury. There had been no such incidents. The practice used a safe syringe system to reduce the risk of injury. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

The practice manager said that they received any patient safety alerts and took action when needed. They also emailed the information to the dentists and staff who signed a record to show that they had read and understood it. We saw team meeting minutes which showed that safety alerts were discussed with staff. We saw an example of a recent alert which was received.

There was a poster on the office wall which provided information for staff about the duty of candour in the event that a patient was harmed in the course of their treatment. We saw minutes of a team meeting which showed that the duty of candour had been discussed with the staff.

The practice had policies and procedures for child protection and safeguarding adults. This included contact details for the local authority social services which were also posted on the office wall. All staff had read and signed the policies to say that they understood them. The practice manager was the safeguarding lead for the protection of vulnerable children and adults. Staff had completed e-learning about safeguarding adults and children. Staff would raise concerns with the safeguarding lead. There had been one safeguarding issue reported by the practice to the local safeguarding team and the police. We spoke with one nurse who knew how to respond if they had a concern.

There was a whistleblowing policy which staff could follow if they had concerns about another member of staff's performance. There was a helpline number for staff to contact and discuss any concerns that they had.

Medical emergencies

The practice had arrangements to deal with medical emergencies. Staff had received training in emergency resuscitation and basic life support and this was refreshed every year. We saw certificates for this training. We saw minutes which showed that medical emergencies and different scenarios were discussed at team meetings. The staff we spoke with were aware of the practice procedures for responding to an emergency. The practice had emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines and oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). There were defibrillator pads for both adults and children. The oxygen cylinder and resuscitation mask were in date. The oxygen cylinder was being routinely checked for effectiveness and we saw records for these daily tests. We reviewed the contents of the emergency medicines kit. We saw records of weekly and monthly audits of the medicines and equipment and all the emergency medicines were in date. The glucagon injections were not being kept in the fridge. We made a recommendation at the last inspection that when glucose

Are services safe?

injections are kept out of the refrigerator the expiry date should be adjusted accordingly. This had been addressed and we saw that the expiry date on the glucagon was within the acceptable range.

Recruitment

The practice staffing consisted of two dentists, a hygienist, two dental nurses, two receptionists and a practice manager. One of the dentists was off sick and there was a locum dentist some days. There was only one dentist present on the day of our visit. There was a recruitment portal on the organisation's computer system. This included information about the recruitment procedure and appropriate checks that needed to be carried out to ensure new staff were suitable and competent for their role. This included an interview, a review of employment and medical history, checking of qualifications, identification, references and a check of the right to work in the UK. We looked at the records of recruitment checks for one member of staff. Their checks had been completed by head office but copies were available in the practice. They had a disclosure and barring service (DBS) check and had a copy of their passport as proof of identity and information about their right to work in the UK. They had two written references. At the previous inspection we found that one member of staff had only one reference, from their previous employer and the other member of staff had no references and we made a requirement and a recommendation. These had been addressed and the new member of staff had two written references and two references had been obtained for one member of staff who was still working in the practice. New staff had an induction and probationary period when they met regularly with the practice manager. There was a record of the immunisation status of the nurses and dentists. We saw that appropriate checks of registration with the General Dental Council (GDC) had been carried out for all the qualified staff. There were certificates of qualifications. New staff had an induction and probationary staff had an induction an s

Monitoring Health and Safety and responding to Risk

There were arrangements to deal with foreseeable emergencies. We saw that there was a health and safety policy. The practice had a fire risk assessment and there were certificates showing that the fire alarm system and emergency lighting had been serviced. The two receptionists were fire marshals. There were records of fire drills and fire safety checks. We made a recommendation at the last inspection that a fire evacuation should occur every six months. This had been addressed and the records showed that the fire evacuations were taking place every six months. There were risk assessments for the general risks in the practice. These included the action to be taken to manage risk and were reviewed annually. The practice had a business continuity plan to ensure continuity of care in the event that the practice's premises could not be used for any reason.

There were arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There were COSHH risk assessments. We made a recommendation at the last inspection that these should be reviewed. This had been addressed and we saw evidence that the COSHH risk assessments had been reviewed. There were also safety data sheets for hazardous substances and cleaning products.

The practice followed national guidelines on patient safety. For example, the practice used a rubber dam for root canal treatments. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Infection control

There were systems to reduce the risk and spread of infection. One of the dental nurses was infection control lead for the practice. There was a comprehensive infection control policy displayed in the decontamination room and available on the organisation's intranet. Clinical staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet. The dentists, nurses and hygienist wore uniforms in the clinical areas and they were responsible for laundering these.

At this visit we found that guidance was being followed. At the last inspection we also found that cleaning schedules were not being completed fully so it was not clear whether cleaning had been carried out. We found, during this visit, that cleaning schedules were completed and the practice looked clean throughout. The nurses cleaned the surgeries. Three patients we spoke with said that the practice was

always clean and hygienic. Ten people who completed comment cards said that the environment was always clean and hygienic. Ten people who completed comment cards said that he environment was safe and hygienic.

At the last inspection we found that the practice was not following relevant guidance about cleaning and decontamination of instruments and we made a recommendation. When we examined the facilities for cleaning and decontaminating dental instruments in the decontamination room we found that this had been addressed. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' when setting up their decontamination room. In accordance with HTM 01-05 guidance dirty instruments were carried from the surgery to the decontamination room in a designated sealed box to ensure the risk of the spread of infection was minimised.

There was a clear flow from 'dirty' to 'clean.' There were two sinks, one for washing and one for rinsing and an ultrasonic bath. The nurse showed us the process for decontamination of instruments. They put on personal protective equipment (PPE) including domestic style rubber gloves. They washed the instruments in the washing bowl after testing the temperature of the water. They scrubbed the instruments with a long handled brush then rinsed them in the second sink. They placed the instruments in an ultrasonic bath to remove any debris. The nurse inspected the instruments for debris under an illuminated magnifying glass, rinsed them again and placed them on trays and put them into the autoclave to sterilise. After the sterilisation cycle was complete they took the instruments out of the steriliser to the clean area of the room, put them into date stamped bags and put them into a clean container to take back to the surgery. We saw that there was water on the decontamination room floor. This posed a risk of slipping for staff and there was also a risk of cross-infection as this was water from the washing process. The nurses showed us how they cleaned down the surgeries between patients. They used disinfectant wipes to sanitise the surfaces.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure. The ultrasonic bath had daily, weekly and quarterly checks.

Logs were kept of the results demonstrating that the equipment was working well. We saw a certificate to show that the autoclave was serviced annually. The ultrasonic bath was new and not due to be serviced.

Procedures to control the risk of infection were monitored as part of the daily checks and the practice had carried out cross infection audits and produced action plans to address any shortfalls. The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. There was a Legionella risk assessment (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We saw a log book of monthly checks of the temperatures at the cold and hot water outlets. The nurse showed us how they flushed the dental water lines in accordance with current guidance in order to prevent the growth of Legionella.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. We saw an up-to-date portable appliance testing (PAT) certificate for all electrical items. We found some out of date equipment in one of the surgeries but this was removed and disposed of during the inspection.

Medicines were stored securely in a cupboard and a designated fridge. Prescription pads were locked in the safe. The defibrillator was kept in reception. There was an oxygen cylinder with an up to date certificate. We noted that there was no sign on one the surgery doors to show that oxygen was stored in the room. The lead nurse told us that an appropriate sign had been ordered.

Radiography (X-rays)

There was an X–ray unit in each of the two surgeries. There were suitable arrangements in place to ensure the safety of the equipment. We saw logs to show that they were maintained. We saw a radiation protection file which contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisors and the necessary records relating to the X-ray equipment. These were the critical examination packs for each X-ray set along with the maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules. The local

Are services safe?

rules describe the operating procedures for the area where x-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each x-ray set on the premises. The local rules set out the dimensions of the controlled area around the dental chair/patient and state the lowest x-ray dose possible to use. Applying the local rules to each x-ray taken means that x-rays are carried out safely. X-rays were graded as they were taken. We saw records of audits of the radiographs.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We reviewed a sample of dental care records. The dentist took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken. At the previous inspection we found that the records showed that an assessment of periodontal tissues was not always undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.) Patients' BPE scores were not recorded in two thirds of the dental care records we read. During this visit we found that an assessment of periodontal tissues was taking place for patients and BPE scores were recorded.

At the last inspection we found evidence that the practice conducted audits of infection control and radiographs but not of record keeping and the approach to medical histories was inconsistent. We saw that information about medical history was entered in people's records but the records showed that this was not reviewed and updated at every visit. During this inspection we found that auditing of record keeping had been introduced. The recent audit had identified problems with recording medical histories and produced an action plan to address this. When we looked at the records on this visit we found that information about patients' medical histories was recorded and updated at each visit. We spoke with two patients who said that they had completed a medical history questionnaire and they were asked about any changes at each visit. Information about medical histories must be kept up to date so that the dentist is informed of any changes in people's physical health which might affect the type of care they receive.

We saw evidence that the practice kept up to date with the current guidelines and research in order continually to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to referring patients for removal of wisdom teeth and prescribing antibiotics. They conducted risk assessments for patients to help them to decide appropriate intervals for recalling patients. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients.

Health promotion & prevention

The dentist said that they discussed health promotion with individual patients according to their needs. This included discussions around use of fluoride toothpaste, smoking, diet and sensible alcohol use. We saw records of examinations of soft tissue to check for the early signs of oral cancer.

The practice promoted the maintenance of good oral health through information about effective tooth brushing. We observed that there was some information about tooth brushing displayed in the waiting area. This could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition. We spoke with two patients who told us that the dentist discussed health promotion with them and advised them about flossing and effective toothbrushing.

Staffing

There was a practice manager, two dentists, two nurses, a dental hygienist, and two receptionists. A cleaning company cleaned the practice. One of the dentists was off sick and a locum was covering for some days.

The practice manager told us that all staff received professional development and training. The company had online training for each job role. We saw the records which showed that all the staff had completed training about safeguarding, cardio pulmonary resuscitation, medical emergencies, infection control, health and safety, equality and diversity and the Mental Capacity Act 2005 (MCA.) The dentists, hygienist and the nurses were responsible for their own continuing professional development (CPD.) They logged all their training hours online with the General Dental Council (GDC.) At the previous inspection we noted that a log of CPD was being introduced for the nurses but there was no record in the practice of the CPD hours the dentists had completed. During this inspection we saw that a log of CPD hours for the dentists had been introduced. Wes saw records of training and CPD for both the nurses and the dentists.

Annual appraisals were completed by the practice manager for the nurses and receptionist. We saw records of these

Are services effective?

(for example, treatment is effective)

and the mid-year reviews. The clinical support manager for the company held peer review meetings with the dentists. They provided support and advice to the dentists and help with any performance issues.

Working with other services

The practice had suitable arrangements for working with other health professionals to ensure quality of care for their patients. The dentists used a system of onward referral to other providers, for example, for oral surgery, orthodontics or endodontics. Where there was a concern about oral cancer a referral was made to the local hospital. We looked at a sample of referral letters and saw that referral information was sent to the specialist service about each patient, including their medical history and x-rays. We noted that patients were not offered a copy of the referral letter.

Consent to care and treatment

The practice ensured that valid consent was obtained for all care and treatment. The dentists discussed treatment options, including risks and benefits, as well as costs, with each patient. They provided written estimates for private treatment and the patient signed these to show consent. NHS patients signed the NHS treatment plans. When treatment was needed for children the dentist obtained consent from their parents. Children were encouraged to be involved in decision making about their treatment. The dentist explained the options to children and gave them the opportunity to ask questions.

At the previous inspection when we spoke with one of the dentists we found that they had very little understanding 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. The dentist gave no examples of how they treated a person if they lacked capacity. We found no evidence of training about the MCA for the dentists. We made a recommendation and during this this inspection we found that this had been addressed. During this inspection we spoke with one dentist who showed a good understanding of the MCA, capacity and consent. We also saw that the dentists had received training about the MCA.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patient confidentiality was respected. The practice used both paper records and an electronic system. We noted that records were locked away so that they could not be seen by patients. They were identified by a number to maintain confidentiality. The computer screen in reception was angled so that it could not be seen by patients. Patients were afforded appropriate privacy as the treatment room doors were closed during consultations. The waiting room was away from the consulting rooms so that conversations could not be heard from the other side of the door. We observed that staff in the practice were polite and respectful when speaking to patients. Patients told us that they were treated with respect.

Patients who completed comment cards, were positive about the care they received from the practice. Patients reported that staff were helpful, polite, caring, pleasant, and friendly. They said that they provided a very good service. One patient commented that the dentist had great rapport with the children. Two patients we spoke with said that the dentist and nurse were very friendly.

Patients who were nervous were offered longer appointment times. A record was kept on the patient's file to indicate that they were nervous. The dentist and nurse talked with them to reassure them and explain the options for treatment with them.

Involvement in decisions about care and treatment

The practice provided treatment plans for private patients which gave options for treatment and indicative costs. There were also clear NHS treatment plans. Written consent was obtained for the dentist's treatment plans showing that people were involved in decisions about their care. Two patients we spoke with said that they had signed their treatment plans and the dentist explained treatment to them very clearly so that they could make decisions. The patient records showed that options for treatment and costs were discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system to schedule enough time to assess and meet patients' needs. The practice reserved a 20 minute appointment morning and afternoon to see emergencies. Patients commented that the staff provided a good service. Some patients described the service as caring and helpful. The practice actively sought feedback from patients on the care being delivered. We saw evidence that the practice responded to feedback that they received on the NHS Choices website and from complaints. They sent each patient a text message survey after each appointment. Views were collated at head office and they shared the results with each practice in the organisation so they could all learn from feedback. There were feedback cards in reception and staff discussed the feedback in team meetings.

Tackling inequity and promoting equality

There was an equality and diversity policy and there was training for staff about equality and diversity. There were some reasonable adjustments in place. There was access to translation services. There was a loop system for deaf people. There was a disabled access toilet. However, the layout of the building and narrow stairs meant that they could not provide a service to wheelchair users. People who could not manage the stairs were offered a service at two nearby surgeries run by the organisation.

Access to the service

The opening hours were displayed in reception and the website. Patients told us that they had no difficulty getting appointments. Emergencies were usually fitted in on the day they contacted the practice.

Concerns & complaints

There was a procedure about how to make a complaint, including timescales for responding to complaints and the process for investigation. Information about how to make a complaint was displayed in the reception area. Two patients we spoke with knew how to make a complaint. Information about concerns and complaints was logged on the computer. The practice sent us information about recent complaints. This showed that complaints were investigated and there was learning from complaints and improvements were made. For example the practice had changed the opening hours on a Thursday so that they were open until 6pm.

Are services well-led?

Our findings

Governance arrangements

The practice had systems for clinical governance. There were audits of emergency medicines, oral cancer screening, prescribing, referrals, infection control and radiographs. We saw that action plans had been developed to address any shortfalls and to monitor progress with making improvements. There was evidence that these were followed up by more senior staff in the organisation to make sure improvements were made. For example, we saw an email from the clinical support manager to the dentists identifying areas from the action plans where the dentists needed to make improvements.

There were checks of equipment. We saw evidence that the autoclave and compressor were serviced. The nurse told us that they conducted daily checks of the autoclave and we saw records of these tests in a log book.

We saw that there was a range of policies which were made available to staff on the organisation's computer system. We were told that the policies were in the process of being reviewed at head office.

Leadership, openness and transparency

The practice manager was the lead for the practice and they were also the lead for safeguarding and medical emergencies. One of the dental nurses was the lead for decontamination, infection control and audits. We saw information for staff in the policy folder on the computer about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no such incidents. We saw a whistleblowing policy which was made available to staff. There was a whistleblowing helpline so that staff could discuss a concern in confidence.

Management lead through learning and improvement

The practice manager told us that there were regular team meetings. We saw the minutes of meetings, which showed that staff discussed developments in the practice such as learning from incidents and complaints. The nurses told us that they were responsible for their own continuing professional development and kept this up to date. They said that they also had training within the practice and we saw records to show that relevant training was taking place, for example for safeguarding and health and safety.

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

We saw that patients had posted feedback on the NHS Choices website and the organisation had responded to every comment. There were patient satisfaction feedback forms and these were analysed about once a quarter. There was also a text message survey for patients following an appointment. Feedback was logged by the organisation and they ranked the responses for each practice. Learning points and improvement actions were sent to each practice which demonstrated that the organisation was learning from feedback. The practice manager said that the improvement actions were discussed in team meetings and we saw minutes to confirm this. Changes were made in response to feedback, for example extending the opening hours on a Thursday.