Shubhra Smiles Ltd

Prodenta

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 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

Prodenta is a dental practice located in the London Borough of Wandsworth. The premises are on the ground floor of a building situated in a high-street location. There is one treatment room, a dedicated decontamination room, an administrative office, a waiting room with reception area, and a patient toilet.

The practice provides private services to adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, extractions, crowns and bridges and some minor orthodontic treatments.

The staff structure of the practice consists of a principal dentist and a trainee dental nurse.

The practice opening hours are from 8.00am to 6.00pm on Monday, Tuesday and Friday, from 9.00am to 5.00pm on Wednesday, and from 9.00am to 8.00pm on Thursday. The practice is also open in the morning on alternate Saturdays.

The principal dentist was the registered manager. A registered manager is a person who is registered with the CQC 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.

Summary of findings

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Six people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and staff told us they were well supported by the principal dentist.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place to minimise the risks associated with providing dental services. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. We found the equipment used in the practice was well maintained and checked for effectiveness. However, systems for identifying, investigating and learning from incidents relating to the safety of patients and staff members could be improved, although no such incidents had occurred in the past year.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were working towards meeting all of the training requirements of the General Dental Council (GDC). The trainee dental nurse had received regular supervision from the principal dentist within the past year and there was a policy in place to allow for formal appraisals to take place in the coming year.

Are services caring?

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

The practice provided clear, written information at the practice and on its website which supported people to make decisions about their care and treatment. The principal dentist also demonstrated that they provided people with explanations about the risks and benefits of different treatments. These conversations were documented in patients' dental care records. This supported people to be involved in making their own choices and decisions about their dental care.

We received positive feedback from patients. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients generally had good access to appointments, including emergency appointments, which were available on the same day. The culture of the practice promoted equality of access for all. The needs of people in the local area had been considered and staff spoke a range of languages. The practice was wheelchair accessible with the treatment room situated on the ground floor.

Summary of findings

There was a complaints policy in place. Two complaints had been recorded and appropriately investigated within the past year. Patient feedback, through the use of an annual patient satisfaction survey, was used to monitor the quality of the service provided.

Are services well-led?

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

The practice had clinical governance and risk management structures in place. These were well maintained and disseminated effectively to all members of staff. A system of audits was used to monitor and improve performance. There were some areas where risk management processes could be improved. This included monitoring the safety of medicines and equipment through the use of alerts from relevant agencies, and the provision of written protocols or risk assessments, for example, in relation to the use of sharps or the investigation of safety incidents.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with each other. They were confident in the abilities of the principal dentist to address any issues as they arose.

Prodenta

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.

We carried out an announced, comprehensive inspection on 17 March 2016. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with two members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. The trainee dental nurse demonstrated how they carried out decontamination procedures of dental instruments.

Six people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly 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

Staff were aware of the process for accident reporting and understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was an accidents reporting book. No accidents had occurred within the past year.

There was no policy or other system in place for reporting and learning from other types of incidents, such as those relating to patient care or equipment failure. We discussed this with the principal dentist. They told us that there had not been any such incidents since they had taken over the practice in November 2014. They assured us that a written protocol for reporting and investigating any incidents would now be established.

The principal dentist, though not specifically aware of the Duty of Candour, told us that they were committed to operating in an open and transparent manner. Patients would be told if they were affected by something that went wrong, they would investigate any such incidents, offer an apology to patients, and inform them of any actions that were taken as a result. [Duty of Candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Improvements could be made to ensuring awareness of the Duty of Candour amongst staff.

Reliable safety systems and processes (including safeguarding)

The practice manager was the named practice lead for child and adult safeguarding. They were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable elderly patients who presented with dementia.

The practice had a well-designed safeguarding policy which referred to national guidance. Information about the local authority contacts for safeguarding concerns were kept behind the reception desk. The staff we spoke with were aware of the location of this information.

There was evidence in the training records for both members of staff that they had been trained in safeguarding children to an appropriate level. The principal dentist had also trained in protecting vulnerable adults. However, the trainee dental nurse had not yet completed relevant training in safeguarding adults, but told us they would be completing this as their training progressed.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. There was a written protocol for staff to follow in the event that they did experience a needle stick injury. The practice also followed a protocol to minimise needle stick injuries during the administration of local anaesthetics whereby the dentist used a needle guard for resheathing needles. They had also reviewed this protocol recently and had trialled the use of a 'safer sharps' system where a sliding, protective sheath covered the needle between use, and also during disposal of the syringe.

The staff had verbally agreed the protocol for handling and disposing of sharps and it was clear that this was the dentist's responsibility. Improvements could be made to have a full, written risk assessment, and associated risk-reduction protocol, describing the rationale as to why some dental local anaesthetic syringes were recapped during patient treatment, in line with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (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. Rubber dam should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. The practice had an automated external defibrillator (AED), oxygen and other related items, such as manual breathing aids and portable suction, in line

with the Resuscitation Council UK guidelines (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).

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen in a location known to staff. Staff received annual training in using the emergency equipment. The staff we spoke with were all aware of the location of the emergency equipment.

Staff recruitment

The staff structure of the practice consists of a principal dentist and a trainee dental nurse.

The practice had recruited a new, trainee dental nurse staff during the past year. There was a recruitment policy in place which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We checked the staff records and saw that the majority relevant documents had been obtained prior to employment.

The trainee dental nurse demonstrated that she had references available upon request, which we viewed on the day. The principal dentist also emailed the nurse's most recent employer, on the day of the inspection, to request a new reference.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment and periodically thereafter. We saw evidence that both members of staff had a DBS check. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to minimise identified risks. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

There was a business continuity plan in place. There was an arrangement in place to direct patients to other local practices for emergency appointments in the event that the practice's own premises became unfit for use. Key contacts in the local area were kept up to date in the plan for reference purposes in the event that a maintenance problem occurred at the premises.

However, the practice did not have a system in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). We discussed this with the principal dentist; they told us they would now be arranging for the practice to receive these notifications.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The principal dentist was the infection control lead. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The practice had carried out practice-wide infection control audits every six months and found high standards throughout the practice. We noted that the last audit had been completed in January 2016.

We observed that the premises appeared clean and tidy. Clear zoning demarked clean from dirty areas in the treatment room. Hand-washing facilities were available,

including wall-mounted liquid soap, hand gels and paper towels in the treatment room, decontamination room and toilet. Hand-washing protocols were also displayed appropriately in various areas of the practice.

We asked the trainee dental nurse to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated that 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)'.

The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. We saw that there were written guidelines for staff to follow for ensuring that the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

We checked the contents of the drawers in the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched. It was obvious which items were for single use and these items were clearly new. The treatment room had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice manager described the method they used which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had recently been carried out by an external contractor in March 2016. The practice had started to follow the recommendations to reduce the risk of Legionella, for example, through the regular testing of the water temperatures. A record had been set up for noting the outcome of these checks on a monthly basis.

The practice used a decontamination room for instrument processing. 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 room which ensured the risk of infection spread was minimised. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Instruments were manually cleaned prior to inspection under a light magnification device. Items were then placed in an autoclave (steriliser). When instruments had been sterilized, they were pouched and stored appropriately, until required. All of the pouches we checked had a date of sterilisation and an expiry date.

We saw that there were systems in place to ensure that the autoclave was working effectively. These included, for example, the automatic control test and steam penetration test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location outside the practice prior to collection by the contractor. Waste consignment notices were available for inspection. Environmental cleaning was carried out using cleaning equipment in accordance with the national colour coding scheme.

Staff records showed that staff regularly attended training courses in infection control. Clinical staff were also 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. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.) However, we noted that the trainee dental nurse had only recently completed a course of vaccinations against Hepatitis B and the practice now needed to obtain evidence in relation to their immune status.

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. Portable appliance testing (PAT) had been completed in accordance with good practice guidance in 2016. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The expiry dates of medicines, oxygen and equipment were monitored using monthly check sheets which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

There was a radiation protection file in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for the X-ray set along with the three-yearly maintenance logs and a copy of the local rules. We also saw evidence that staff had completed radiography and radiation protection training. Audits on X-ray quality were undertaken at regular intervals.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principal dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. They described to us how they carried out their assessments. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included details of the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

We checked a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums were noted using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The principal dentist told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. They were aware of the need to discuss a general preventive agenda with their patients and referred to the advice supplied in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. (This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). They told us they held discussions with their patients, where appropriate, around smoking cessation and sensible alcohol use. They also carried out examinations to check for the early signs of oral cancer.

We observed that there were health promotion materials displayed in the waiting area and treatment rooms. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

We noted that the information available included material aimed at engaging children in good dental hygiene practices. The principal dentist also told us that they had held an event for parents and children in the past year at the practice with the aim of discussing good oral hygiene and diet; they planned to repeat this on an annual basis.

Staffing

Staff told us they received appropriate professional development and training. We checked the records for both members of staff and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, infection control and radiography and radiation protection training. Staff had also completed some safeguarding training, but further training in protecting vulnerable adults was required by one member of staff.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice.

The trainee dental nurse told us they had been well supervised by the principal dentist. They held regular discussions where they reviewed different cases which supported her in the completion of her training course. We also noted that there was an appraisal policy and the trainee dental nurse was aware that a formal appraisal would be carried out by the principal dentist upon completion of her training course.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

Are services effective?

(for example, treatment is effective)

The principal dentist explained how they worked with other services, when required. The dentist was able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for more complicated extractions, orthodontic treatments and implants.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent to the hospital with full details of the dentist's findings and a copy was stored on the practices' records system. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post-procedure care. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke to the principal dentist about their understanding of consent. They explained that 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. Patients were asked to sign formal, written consent forms for specific treatments.

Both staff members were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (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 principal dentist had completed formal training in relation to the MCA in 2016. They were able to describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The feedback we received from patients was positive and referred to the staff's caring and helpful attitude. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. Patients who felt they were nervous about dental treatment indicated that their dentist was calm, worked with them, listened to their concerns, and gave them reassurance throughout the processes of the dental treatments.

Staff were aware of the importance of protecting patients' privacy and dignity. The treatment rooms were situated away from the main waiting area and the staff told us that the doors were closed at all times when patients were having treatment.

Staff understood the importance of data protection and confidentiality and had received training in information governance. Staff were also asked to review and agree to a confidentiality protocol. Patients' dental care records were stored in an electronic format. Records stored on the computer were password protected and regularly backed up.

Involvement in decisions about care and treatment

The practice displayed information on its website which gave details of the private dental charges or fees. This information was also available, on request, from staff working at the reception desk

We spoke with the principal dentist and trainee dental nurse on the day of our inspection. They told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the dental care records that the dentist recorded the information they had provided to patients about their treatment and the options open to them. We also noted that the practice made use of a range of visual aids, including a computer screen attached to the dental chair which displayed images of X-rays and digital photographs, to enable patients to understand and discuss their individual case.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. The principal dentist decided on the length of time needed for their patient's consultation and treatment. The feedback we received from patients indicated that they felt they had enough time with the dentist and were not rushed.

The trainee dental nurse, who also worked as a receptionist, told us that patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including opening hours and guides to different types of dental treatments. The practice had a website which reinforced this information. New patients were given a practice leaflet which included advice about appointments, opening hours and the types of services that were on offer.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. There was an equality and diversity policy which staff were following.

The trainee dental nurse spoke four different languages, which supported some patients to access the service. They were also able to provide large print, written information for people who were hard of hearing or visually impaired. The practice was wheelchair accessible with access to the treatment room on the ground floor.

Access to the service

The practice opening hours are from 8.00am to 6.00pm on Monday, Tuesday and Friday, from 9.00am to 5.00pm on Wednesday, and from 9.00am to 8.00pm on Thursday. The practice is also open in the morning on alternate Saturdays.

We asked the trainee dental nurse and principal dentist about access to the service in an emergency or outside of normal opening hours. They told us that any messages left on the answerphone were directed to the principal dentist. Patients could also send an email, and the email inbox was regularly checked by the principal dentist. The dentist could then contact the patient and determine their level of need. The dentist then either arranged to see the patient, or referred them to another service, depending on the outcome of their telephone assessment.

The trainee dental nurse, who also worked as a receptionist, told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns. The feedback we received via comments cards confirmed that patients had good access to the dentist in the event of needing emergency treatment.

Concerns & complaints

Information about how to make a complaint was displayed in a patient leaflet in the waiting area. The trainee dental nurse told us they would also direct patients to speak with the principal dentist concerning any complaints. We viewed a copy of the complaints policy and saw that it described how the practice handled formal and informal complaints from patients. There had been two complaints recorded in the past year. We saw that these had been investigated and responded to in line with the practice policy.

Patients were invited to give feedback through an annual patient satisfaction survey with the most recent having been carried out in August 2015. The information received demonstrated that patients were highly satisfied with their care. Patients were also invited to provide feedback through the use of a comments book and suggestions box in the waiting area. We reviewed the content of the information received from these sources. These also showed that patients were happy with the care that they had received.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a clear management structure. There were arrangements for identifying, recording and managing risks through the use of risk assessment processes. There were relevant policies and procedures in place. Staff were aware of these and acted in line with them. We noted some areas where improvements could be made, for example, through the provision of a relevant policy for recording and investigating incidents and a more thorough, written, risk assessment in relation to the use of sharps.

Records, including those related to patient care and treatments, as well as staff employment, were well maintained.

There were formal staff meetings every other month to discuss key governance issues. We reviewed minutes from meetings held in the past year. We saw that topics such as staff training, infection control, record keeping, and patient feedback were discussed.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. The trainee dental nurse told us they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so.

We found staff to be hard working, caring towards the patients and committed to the work they did. Staff told us they enjoyed their work and were well-supported by the principal dentist. There was an appraisal policy, which the trainee dental nurse was aware of, that would be implemented when the nurse completed their training course.

Learning and improvement

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping, and X-ray quality. The principal dentist demonstrated how the outcome of these audits had been used to improve the quality of the service, for example, the outcome of the X-ray audit had identified the need to replace some X-ray equipment with a view to improving the quality of images. New equipment had now been installed.

The principal dentist had a clear vision for the development of the practice. They described to us the changes and improvements made at the practice over the past year. This had included, for example, refurbishment of the administrative office. The plans for the future included extending the service through the development of a second treatment room.

Staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

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

The practice gathered feedback from patients through the use of an annual patient satisfaction survey, as well as a comments book and a suggestions box situated in the waiting area. The feedback from these sources was positive and indicated a high level of satisfaction with care.

The trainee dental nurse told us the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.