

Grassington Dental Care Limited

Grassington Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 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

Grassington Dental Care is situated in Grassington, North Yorkshire. It offers approximately 75% NHS treatment and 25% private treatment to patients of all ages. The services include preventative advice and treatment and routine restorative dental care.

The practice is located on the second and third floors of a medical centre above a GP surgery. The practice has four surgeries, a decontamination room, one waiting area and a reception area. The reception area, waiting area and two surgeries are on the second floor. The other surgeries are on the third floor. There was a lift to access all floors and there were accessible toilet facilities on the ground floor of the premises in the GP surgery.

There are four dentists, one dental hygienist, one dental hygiene therapist, nine dental nurses (including two trainees), three receptionists and a practice manager.

The opening hours are Monday to Friday from 8-00am to 5-00pm.

The practice owner 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.

Summary of findings

During the inspection we received feedback from 40 patients. The patients were positive about the care and treatment they received at the practice. Comments included that the staff were caring, friendly and welcoming. They also commented that they were listened to and that the practice was pleasant, safe and hygienic.

Our key findings were:

- The practice appeared clean and hygienic.
- The practice had effective systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff were appropriately qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the practice's procedure for the storage of glucagon.
- Review its X-ray audit protocol so that it is practitioner specific.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

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

During the inspection we received feedback from 40 patients. Patients commented that staff were caring, friendly and welcoming. Patients also commented that they were listened to and involved in treatment options.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Summary of findings

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice was fully accessible for patients with a disability or limited mobility to access dental treatment.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice owner was responsible for the day to day running of the practice and was well supported by a dedicated practice manager.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

They conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

Grassington Dental Care

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed local NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we received feedback from 40 patients. We also spoke with two dentists, three dental

nurses, one receptionist and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We reviewed the incidents which had occurred in the last year and these had been documented, investigated and reflected upon by the dental practice. It was clear that these incidents had been dealt with in line with the practice's policy. Any accidents or incidents would be reported to the practice manager. Any incidents would be discussed at staff meetings in order to disseminate learning.

Staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe sharps system and guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' clinical records were computerised, and password protected to keep people safe and protect them from abuse.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months. The practice also held regular in-house medical emergency training. This involved presenting the staff with a medical emergency scenario and asking how they would react. This enabled staff to refresh their knowledge of how to deal with a medical emergency.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the office. Staff knew where the emergency kits were kept. The emergency drugs were grouped in a way that made quick access to them easy in the event of a medical emergency. This included a "how to use" sheet for each medical emergency scenario. We noted that the glucagon was stored in the emergency drug box. If glucagon is not stored between two and eight degrees celcius then the expiry date needs to be reduced by 18 months. This was brought to the attention of the practice manager who told us this would be done.

The practice had access to an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily checks were carried out on the oxygen cylinder. These checks ensured that the oxygen cylinder was full. We saw that the oxygen cylinder was serviced on an annual basis. The practice also had an effective method of checking that the medical emergency drugs were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included an interview, seeking references, proof of identity, checking relevant qualifications and professional registration. We saw a

Are services safe?

sample of interview questions which were used to assess the applicants' suitability for the role. These questions formed a framework to indicate the applicants' motivation, creativity and clinical experience. We reviewed a sample of staff files and found the recruitment procedure had been followed.

The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place. If the practice were awaiting the confirmation from the DBS then a risk assessment was in place to ensure that the staff member was not to be left alone with patients.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures, eye injury, a lone working, stress and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. The dental nurse who was responsible for the ordering of stock was in charge of the COSHH folder. This enabled the dental nurse to enter any new materials into the folder to ensure it was up to date.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe

handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about 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 practice manager was the lead for infection control.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room 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 minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice manually cleaned the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

Are services safe?

The practice had systems in place for quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards but where improvements could be made an action plan was made and date was set to aim to achieve best practice. This audit was completed every six months in line with HTM 01-05 guidance.

Records showed a risk assessment process for Legionella had been carried out in February 2016 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice had a specific dental unit water line policy which outlined the procedures required to ensure that Legionella was not developing. The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month, using a water line conditioning agent and also quarterly tests on the on the water quality to ensure that Legionella was not developing. We saw that if there was ever any trace of Legionella developing a concentrated dental unit water line cleaner was used to kill off any Legionella which was developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. The practice manager maintained a comprehensive list of all equipment including dates when

equipment required servicing. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in March 2016 (PAT confirms that portable electrical appliances are routinely checked for safety). We also saw bi-annual visual checks of the electrical equipment were carried out.

Prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked away when not needed to ensure they were secure.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a detailed report was documented in the dental care records for all X-rays which had been taken.

The practice also had a hand held X-ray machine. The practice manager was aware of the Public Health England guidance with regards to the maintenance and examination of this.

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). We noted that the X-ray audit was not practitioner specific. This was brought to the attention of the practice manager and we were told this would be done for the next X-ray audit.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay or gum disease. The dentists were also aware of the NICE guidelines with regards to the extraction of wisdom teeth.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken. Patients were also referred to the dental hygienist or hygiene therapist if they needed extra care with regards to their gum condition.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, quality assurance of each X-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with

the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. All staff including the dental nurses had a good knowledge of the importance of DBOH in preventing dental disease. For example, the dentist applied fluoride varnish to all children who attended for an examination. High fluoride toothpastes were either prescribed or available to buy for patients at high risk of dental decay.

The practice had a good selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients were also referred to the smoking cessation clinic in the GP surgery on the ground floor the building. There was a good selection of health promotion leaflets available in the waiting room and surgery to support patients in maintaining good oral health. There was also information about dental hygiene and prevention on the practice website.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines, arrangements for fire evacuation procedures, health and safety issues and the decontamination procedures. New staff members also had to sign the confidentiality policy to say that they had read it and fully understood the importance of confidentiality. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. We were told that the practice organised in

Are services effective?

(for example, treatment is effective)

house training for core CPD (including medical emergencies) on the same day as all the decontamination equipment and X-ray equipment was being serviced. This enabled the disruption to patients was kept to a minimum.

Staff told us they received appraisals and where training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the practice owner or practice manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records. We were told that the practice made very few referrals as the skill mix within the practice enabled most cases to be dealt with in-house.

Consent to care and treatment

The practice had a consent policy. Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient prior to treatment being commenced. We were told that individual treatment options, risks, benefits and costs were discussed with each patient.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Staff described to us how they would help deal with patients who were nervous. The reception staff would notify the dentist if a patient was particularly nervous prior to the going into surgery. We were also told that for nervous patients appointments would be scheduled for quieter times to reduce the risk of having to keep nervous patients waiting and they would also make appointments longer to enable the dentist to reassure and support the patient. Reception staff would also offer reassurance to nervous patients.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. Dental care records were not visible to the public on the reception desk. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to

Speak with them. The waiting room was of an appropriate size to be conducive to confidentiality. We noted that there was background music playing in the reception and waiting room area which provided auditory privacy.

Patients' electronic care records were password protected and regularly backed up to secure storage.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. One of the dentists told us they used computerised graphics to assist in describing different treatments to patients. They felt that this enabled patients to more fully understand the proposed treatment. The practice also had an intraoral camera. We were told that their use significantly aided patients in understanding what dental problems they had and what treatments were available.

Patients were also informed of the range of treatments available in the practice information leaflet, on notices and leaflets in the waiting area. The practice website also provided a great deal of information about different treatments including crowns, dentures and white fillings.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. This policy was available on the practice website for patients to refer.

Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. A DDA audit had been completed as required by the Disability Act 2005 and Equality Act 2010 and recommendations of the audit report implemented. These included disabled parking spaces outside the building, step free access to the premises, an automatic door opener and a ground floor accessible toilet in the GP surgery. There was a lift for patients with a limited mobility to access the dental surgery on the second and third floors. We were told that patients in a wheelchair were seen in the surgeries on the third floor because these surgeries were larger than those on the second floor.

The practice also offered translator services for those who had English as their second language. We were also told that if any practice information needed to be translated this could be arranged. Staff were also aware of the need to accommodate the needs of patients from different religions. For example, staff were aware of issues with regards to undertaking treatment during Ramadan.

Access to the service

The practice displayed its opening hours in the practice information leaflet and on the practice website. The opening hours are Monday to Friday from 8-00am to 5-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the 111 service on the telephone answering machine and on a sign on the building. Information about the out of hours emergency dental service was also in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room, in the practice information leaflet and on the practice website. The complaints policy included contacts for other organisations for patients to contact if they were not satisfied with the outcome of the complaint.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. If the patient was not satisfied with the result then they were given a copy of the practice's code of practice which included details of other organisations to contact to deal with the complaint. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practice's policy. We saw that any complaints were discussed at staff meetings in order to disseminate learning to all staff. It was evident that the practice used complaints to help improve the patient experience.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

The practice manager kept a detailed log of all complaints which had been received. A form was made out for each

Are services responsive to people's needs?

(for example, to feedback?)

complaint which had been received. This included sections to complete including the type of complaint, an initial outcome, any investigation which took place, an overall outcome and ways to prevent similar complaints.

Are services well-led?

Our findings

Governance arrangements

The practice owner was responsible for the day to day running of the service and was well supported by the dedicated practice manager. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had effective governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire safety, the use of equipment, eye injury, stress, pregnant workers and lone workers.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident when we looked at the complaints they had received in the last 12 months.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. The practice manager posted a notice in the office of the topics which would be discussed at the next staff meeting. Staff were also encouraged to add to the list if

they felt that something else should be discussed. Topics discussed at staff meetings included complaints, significant events, infection control, duty of candour and confidentiality.

All staff were aware of whom to raise any issue with and told us that the practice owner and practice manager were approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection control. We looked at the audits and saw that the practice was performing well. However, where improvements could be made these were identified and followed up by a repeat audit. The results of audits were discussed with the relevant practitioner and also the dental nurse. This meant that both the dentist and the dental nurse were aware of areas for improvement.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys. The satisfaction survey included questions about the patients' overall satisfaction, whether they felt safe, whether they felt involved in treatment decisions and whether the costs of treatment had been discussed. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. We were told that as a result of feedback from patients that the upholstery on the seats in the waiting area had been changed.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the

Are services well-led?

fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said that they would recommend the practice to friends and family.