

Nationwide Healthcare

Sileby Family Dental Centre

Inspection Report

**4 High St
Sileby
Loughborough
LE12 7RX**

Tel: 01509 814565
Website: <http://silebydental.co.uk>

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 1 February 2017 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

Summary of findings

Sileby Family Dental Centre is a dental practice providing predominantly NHS and some private care for adults and children. Where private treatment is provided it is under a fee per item basis. The practice is situated in a converted commercial property with patient facilities on two floors.

The practice has three dental treatment rooms. There is also a reception and waiting area and other rooms used by the practice for office facilities and storage. The practice is open from 9.00am to 6.00pm from Monday to Friday and closes for lunch from 1.00pm to 2.00pm.

The practice has one full time and one part time dentist who are able to provide general dental services including endodontic (root canal) treatment and some cosmetic dentistry. They are supported by a dental nurse, a trainee dental nurse and a receptionist. There is also a practice manager who shares their time between the practice and two other practices they manage.

One of the business partners (who are not based at the practice) 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We also spoke with patients on the day of our inspection. We received feedback from a total of 21 patients. All feedback was positive with patients commenting favourably on the quality of care and service they received, the professional and helpful nature of staff and the cleanliness of the practice.

Our key findings were:

- Staff reported incidents which were investigated, discussed and learning implemented to improve safety.

- The practice was visibly clean and well maintained and we found that infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health.
- The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that the expiry date of the glucagon had not been adjusted correctly to allow for it not being refrigerated. This was corrected during our inspection. Also the medical oxygen cylinder in use at the practice was larger than recommended and not easily portable in an emergency. This was replaced by two smaller oxygen cylinders following our inspection.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Patients commented that they were pleased with the care they received and that staff were helpful, kind and courteous.
- The practice had suitable facilities and was equipped to treat patients and meet their needs. The practice was not accessible for wheelchair users.
- Governance arrangements were in place for the smooth running of the service but we found that not all required safety checks had been carried out and equipment was overdue servicing or checking. However this was implemented following our inspection.

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

- Review the system for monitoring and mitigating the risks associated with carrying out the regulated activities, specifically, those related to fire safety.

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 a system in place to identify, investigate and learn from significant events.

There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health.

The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that the expiry date of the glucagon had not been adjusted correctly to allow for it not being refrigerated. This was corrected during our inspection. Also the medical oxygen cylinder in use at the practice was larger than recommended and not easily portable in an emergency. This was replaced by two smaller oxygen cylinders following our inspection.

Not all required fire safety checks had been carried out at appropriate intervals.

Servicing and checks of some equipment in use in the practice were overdue. However we received evidence that these had been carried out following our inspection.

Use of X-rays on the premises was in line with the Regulations.

No action



Are services effective?

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

The practice had a system in place to identify, investigate and learn from significant events.

There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health.

The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that the expiry date of the glucagon had not been adjusted correctly to allow for it not being refrigerated. This was corrected during our inspection. Also the medical oxygen cylinder in use at the practice was larger than recommended and not easily portable in an emergency.

No action



Summary of findings

Not all required fire safety checks had been carried out at appropriate intervals.

Servicing and checks of some equipment in use in the practice were overdue. However we received evidence that these had been carried out following our inspection.

Use of X-rays on the premises was in line with the Regulations.

Are services caring?

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

We received feedback from seven patients and these provided a positive view of the service the practice provided. Comments reflected that patients were satisfied with the care they received and commented on the welcoming and helpful nature of the staff. Patients told us treatment options were explained to them and they were involved in decisions about their treatment.

We observed that patients were treated with dignity and respect and the confidentiality of patients' private information was maintained.

No action



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 good facilities and was equipped to treat patients and meet their needs.

Routine dental appointments were available, as were urgent on the day appointments. Patients told us they found it easy to get an appointment in a timely way with the practice.

Information was available for patients in the practice's patient information pack and on the practice's website.

The practice was in a converted commercial building and patient services were on two floors but were not wheelchair accessible.

Information about how to complain was available to patients. We were told no complaints had been received in the last 12 months.

The practice had access to telephone interpreter services should they be required for patients who did not speak English.

No action



Are services well-led?

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

Governance arrangements were in place for the smooth running of the service but we found that not all required safety checks had been carried out and equipment was overdue servicing or checking. The checks or servicing of equipment were carried out the day after our inspection.

There was an open culture and staff were well supported and able to raise concerns.

Clinical audit was used as a tool to highlight areas where improvements could be made.

Feedback was obtained from patients and acted upon to make changes to the service provided if appropriate.

No action



Sileby Family Dental Centre

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

We carried out an announced, comprehensive inspection on 1 February 2017. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We reviewed information we held about the practice prior to our inspection.

During the inspection we spoke with the regional clinical quality and care manager, an area manager (from a different area), two dentists, two trainee dental nurses, and the receptionist.

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

Staff we spoke with understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided for staff within the practice's RIDDOR policy which had been reviewed in January 2017. There were also RIDDOR reporting forms available for staff. Accident forms were available which aided staff to consider when a report would be necessary.

The practice had systems and processes to report, investigate and learn from significant events and near misses. There was an incident reporting policy which had been reviewed in January 2017. Events were recorded within the practice and were monitored at a regional level in order to identify any themes or trends. Records we looked at demonstrated that events had been reviewed and discussed in order to share any learning. We saw that learning was also shared across all the provider's practices as there was evidence that training relating to needle stick injuries had taken place as a result of an incident at another practice.

The practice had an alerts policy which had been reviewed in January 2017. The clinical quality and care manager told us that national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) that affected the dental profession were received at head office and then sent to the practice with one of the dentists being the lead for this area. There was a file in the practice with the safety alerts received and details of actions recorded. We saw evidence that a number of recent alerts had been acted upon.

Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. There was a duty of candour policy which had been reviewed in January 2017. Staff we spoke with showed an awareness of this and told us they were encouraged to be open and honest if anything was to go wrong. This was evident in the way significant events had been raised and discussed within the practice.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for safeguarding children and vulnerable adults which had been reviewed in January 2017. The full time dentist was named as the safeguarding lead for the practice. There were a number of different sources of information available on the practice computer to support and guide staff with the actions a staff member should take if concerned and contact numbers for the relevant agency for raising a concern.

We saw evidence that all staff had received safeguarding training to the appropriate level for their role.

The practice had an up to date employers' liability insurance certificate which was displayed in the reception area. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. This was due for renewal in November 2017.

We spoke with dentists who told us they were using rubber dams when providing root canal treatment to patients. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided.

We spoke with staff about the procedures to reduce the risk of sharps injury in the practice. The practice had a sharps injury protocol and policy which had been reviewed in January 2017 and had carried out a risk assessment in respect of sharps. The protocol was displayed in each treatment room. We also saw that needle stick injuries had been discussed at two practice meetings in the last year.

We found that the practice were working towards using 'safer sharps' in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. Staff were aware of their location and how to access them. Emergency medicines were available in line with the recommendations of the British National Formulary (BNF). However we found the practice held 75mg aspirin as well as 300mg aspirin, the latter being the recommended dosage by the BNF. We also found there was buccal midazolam as well as injectable

Are services safe?

midazolam. The BNF recommendation was to have buccal midazolam. We raised this with the clinical quality and care manager and the 75mg aspirin and injectable midazolam were appropriately disposed of in order to avoid confusion if they were both kept together.

Most of the equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. However we found that the oxygen cylinder was larger than the recommended size and as it was stored on the first floor, if it was needed on the ground floor it may have been difficult and slow to manoeuvre. This was replaced by two smaller oxygen cylinders following our inspection.

There was a system in place to ensure that all medicines and equipment were checked on a regular basis to confirm they were in date and safe to use should they be required. Records we saw showed that the emergency medicines and equipment were checked on a regular basis. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date.

We found that the glucagon which the practice held for emergencies was not being refrigerated. Glucagon can be stored outside of a refrigerator but with a shortened expiry date of 18 months. We found that the expiry date had been shortened but not sufficiently. This was rectified during our inspection.

Staff based at the practice had completed practical training in emergency resuscitation and basic life support in November 2017 and the clinical quality and care manager told us they had plans to implement training in emergency scenario simulations on a regular basis in the practice.

Staff recruitment

The practice had a recruitment policy which had been reviewed in January 2017. We saw that the policy had been followed in the recruitment of the most recent member of staff. We reviewed three staff recruitment files which were well organised and saw evidence that appropriate recruitment checks were present, such as qualifications, photographic proof of identification and registration with the appropriate professional body. There was evidence of

checks through the Disclosure and Barring Service (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

The practice had systems to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which had been reviewed in January 2017 and was accessible for all staff. A health and safety risk assessment had been carried out in January 2017 and included risk assessments for sharps, the autoclave, clinical waste disposal, radiation and environmental hazards. There was a fire policy which had been reviewed in January 2017 and a fire risk assessment had been carried out in January 2017 by the clinical quality and care manager.

Staff had received internal fire safety training. We saw that fire drills had been undertaken on a monthly basis. However these were always undertaken when the practice was closed. The clinical quality and care manager told us they had already identified this as needing action and had spoken with staff about carrying out drills with patients present. We saw evidence that weekly checks of the escape routes but no internal checks of the emergency lighting or fire alarm had been undertaken between regular servicing to ensure they were still functioning correctly. The clinical quality and care manager told us these would be implemented immediately.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice with safety data sheets for each product which detailed actions required to minimise risk to patients, staff and visitors. A COSHH risk assessment had been carried out in January 2017.

There was a business continuity plan available for major incidents such as fire, loss of computer system or power failure. This gave details of alternative premises to be used if necessary. The plan contained details of contractors who might be required in these instances and staff contact details in order to inform them in an emergency. A copy of the plan was accessible by key members of staff away from the practice.

Are services safe?

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We discussed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had infection control policies which had been reviewed in January 2017. These gave guidance on areas which included the decontamination of instruments and equipment, spillage procedures, waste disposal and environmental cleaning of the premises.

The practice also had an annual infection prevention control statement in line with the Department of Health code of practice.

The decontamination process was performed in a dedicated decontamination room and we discussed the process with a dental nurse.

Instruments were cleaned manually before being further cleaned using a washer disinfectant, a machine for cleaning dental instruments similar to a domestic dish washer. Instruments were then inspected under an illuminated magnifier before being sterilised in an autoclave (a device used to sterilise medical and dental instruments).

At the completion of the sterilising process, all instruments were stored in line with national guidance.

The dental nurse demonstrated that systems were in place to ensure that the autoclaves used in the decontamination process were working effectively.

We saw that the required personal protective equipment was available for staff throughout the decontamination process.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and general waste were used and stored in accordance with current guidelines. The practice used an approved contractor to remove clinical waste from the practice. We saw the appropriate waste consignment notices.

Practice staff told us how 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) they described the method they used which was in line with current HTM 01 05 guidelines. We saw a Legionella risk assessment which had been carried out at the practice by an external company in August 2015 which identified the practice as low risk. We saw that control measures were in place such as monthly recording of water temperatures to ensure they were within the required range.

We saw evidence that clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact).

We saw that the three dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Hand washing facilities were available which included liquid soap. There were paper towel dispensers in each room but these were not working on the day of our inspection. Hand washing protocols were also displayed appropriately in various areas of the practice. Each treatment room had the appropriate personal protective equipment available for staff use.

All cleaning tasks were carried out by the practice staff and we saw there were records of cleaning in line with the practice schedule and colour coded cleaning equipment was used in line with national guidelines.

Equipment and medicines

Staff told us they had enough equipment to carry out their job and there were adequate numbers of instruments available for each clinical session to take account of decontamination procedures. We found that some equipment checks and servicing should have been carried out in September 2016, the last checks having last been undertaken in September 2015. The maintenance was overdue but we saw that this had been scheduled.

Dentists used the British National Formulary and would report any patient adverse reactions to medicines through the MHRA. Records we reviewed confirmed that batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

The practice had undertaken an audit of antibiotic prescribing covering the period of March to May 2016. The results identified that the practice were below national prescribing levels set by NHS England and indicated good prescribing patterns.

Are services safe?

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice used three intra-oral X-ray machines which can take an image of one or a few teeth at a time. They also used an Orthopantomogram machine which can take a panoramic scanning dental X-ray of the upper and lower jaw. On the day of our inspection this was not in use as it was awaiting repair. The practice displayed the 'local rules' of the X-ray machine in the room where each X ray machine was located.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

The practice kept a radiation protection file which contained the names of the Radiation

Protection Advisor and the Radiation Protection Supervisor. On the day of our inspection the evidence that annual mechanical and electrical tests had been done was not available but we saw that these were scheduled following our inspection.

We saw that all dental professionals were up to date with radiation training as specified by the General Dental Council.

The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record for patients as recommended by the Faculty of General Dental Practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with dentists who demonstrated their awareness of National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP) guidelines including new guidance from the FGDP regarding record keeping. For example, we saw that the guidelines were applied in relation to dental recall intervals and use of antibiotics.

Discussions with the dentists and records we reviewed demonstrated that consultations, assessments and treatment were in line with these recognised professional guidelines. The dentists described to us and we looked at records which confirmed how they carried out their assessment of patients for routine care. We saw evidence of an oral health assessment at each examination and risk assessments covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer, in the sample of dental care records we reviewed.

We saw that records also included details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Following the clinical assessment records reflected a full description of the options discussed and the outcomes.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners guidance. Records we looked at showed that radiographs had been recorded including their justification and grading.

Health promotion & prevention

Dentists we spoke with were aware of and applying guidelines issued by 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. For example they told us that in accordance with the guidelines they provided fluoride varnish applications for children (Fluoride varnish is a material that is painted on teeth to prevent cavities or help stop cavities that have already started).

A range of health promotion leaflets and information was available and we were told treatment information leaflets were regularly given to patients to enhance their understanding of it.

Dentists told us they regularly provided smoking and alcohol cessation advice to patients. We reviewed a sample of dental care records which demonstrated dentists had discussed oral health advice with patients.

Staffing

The practice was staffed by one full time and one part time dentist who were able to provide general dental services including endodontic (root canal) treatment and some cosmetic dentistry. They were supported by a dental nurse, a trainee dental nurse and a receptionist. There was also a practice manager who shared their time between the practice and two other practices they manage. We were told they visited the practice a few times a week and was able to provide support remotely when not at the practice.

Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians. We asked to see evidence of indemnity cover for relevant staff (insurance professionals are required to have in place to cover their working practice) and saw that cover was in place for all dental professionals.

We found that staff had good access to ongoing 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). We found that training needs of staff were monitored and clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

Records at the practice showed that relevant staff had received annual appraisals. We also saw evidence of an induction programme for new staff.

Working with other services

One of the dentists and the receptionist explained how they worked with other services. The dentists referred patients to a range of specialists in primary and secondary services for more complex endodontic, periodontic and orthodontic treatments, and minor oral surgery when the

Are services effective?

(for example, treatment is effective)

treatment required could not be provided in the practice. General referrals were made by letter and although a log was kept of referrals made these were not monitored. Referrals for suspected cancer were sent by first class recorded mail and then followed up with a phone call and a faxed letter.

Consent to care and treatment

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. There was a practice policy relating to the MCA which had been reviewed in January 2017. Staff we spoke with had

undertaken training in the MCA and its relevance when dealing with patients who might not have capacity to make decisions for themselves and when a best interest decision may be required.

We spoke with one of the dentists and found they had a clear understanding of consent issues and that they described how they explained and discussed different treatment options with patients, outlining the pros and cons and consequences of not carrying out treatment. This was clearly documented in the sample of dental care records we reviewed. We also saw that patients were given written treatment plans and signed a consent form. They were also given time to reconsider the chosen treatment plan. Leaflets were also available relating to certain treatments which patients could take away to aid their decision making.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, Care Quality Commission comment cards were left at the practice to enable patients to tell us about their experience of the practice. We also spoke with patients on the day of our inspection. We received feedback from 21 patients. All feedback was positive with patients commenting favourably on the quality of care and service they received, the professional and helpful nature of staff and the cleanliness of the practice.

The confidentiality of patients' private information was maintained as patient care records were computerised and practice computer screens were not visible at reception.

Treatment room doors were closed when patients were with dentists and conversations between patients and dentists could not be overheard from outside the rooms.

Involvement in decisions about care and treatment

From our discussions with dentists, extracts of dental care records we were shown and feedback from patients it was apparent that patients were given clear treatment plans which contained details of treatment options and the associated cost.

A price list for treatments was displayed in the waiting rooms and was also available in leaflet form and on the practice website.

Patients told us that they felt listened to, that staff were caring and plenty of time was taken to explain treatments to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we found that the practice had good facilities and was well equipped to treat patients and meet their needs.

We saw that the practice waiting area displayed a range of information. This included a patient information leaflet and leaflets about the services offered by the practice, health promotion, complaints information and the cost of treatments. The patient information leaflet advised on opening hours, emergency arrangements for both when the practice was open and when it was closed and patient confidentiality.

Feedback from patients on the day of our inspection reflected that they were able to get appointments easily and sufficient time was given for appointments to allow for assessment and discussion of their needs.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in January 2017 and we saw that equality and diversity training had been undertaken internally.

The practice was laid out over the two floors of the premises. The layout was such that the reception and waiting area were on the ground floor with one treatment room on a mezzanine level off this. A further two treatment rooms were on the first floor and the decontamination room and patient toilets were on the second floor. This did not allow patients using a wheelchair or some patients with restricted mobility to access treatment at the practice. This was not clear on the practice website but was identified on the NHS choices website. We were told patients would be directed to other local practices if they were unable to accommodate them.

The practice had a toilet for the use of patients on the second floor. The practice had undertaken a Disability Access Audit in line with the Equality Act (2010) in January 2017 and actions identified as a result of this were to install emergency bells in the toilets and a hand rail outside the treatment room on the mezzanine level.

The practice had a hearing induction loop to assist patients with a hearing impairment and was able to access a translation service to support patients whose first language was not English if this was required.

Access to the service

The practice was open from 9.00am to 6.00pm from Monday to Friday and closed for lunch from 1.00pm to 2.00pm.

The practice did not have a car park but there was a nearby public car park and on street parking available.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised through the telephone answering service when the practice was closed as well as the practice website.

The practice told us they would arrange to see a patient on the same if it was considered urgent. We were told that if there were no slots available patients were asked to come in and wait to be seen when the dentist became available. Comments from patients described the practice as accommodating in urgent cases.

The practice had a website and patients were able to access information or check opening times or treatment options on-line.

The practice operated a reminder service for patients who had appointments with the dentists. Patients received a letter or email three weeks before their appointment which was followed with a text message two days before their appointment and a phone call reminder the day before.

Concerns & complaints

The practice had a complaints policy which had been reviewed in January 2017. The policy explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the policy.

Information about how to complain was displayed in the waiting room and in the practice leaflet but not on the practice website, although there was the option to send an email to the practice via the website. Complaints were dealt with by the Patient Relation Team at the provider's head office.

We were told there had been no complaints received in the 12 months prior to our inspection.

Are services well-led?

Our findings

Governance arrangements

There was a governance framework which provided a staffing structure whereby staff were clear about their own roles and responsibilities.

Practice specific policies were available to all staff which had been regularly updated. We reviewed policies which included those relating to infection control, health and safety, complaints and safeguarding children and vulnerable adults.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However on the day of our inspection we found that regular checks relating to fire safety had not been carried out and equipment was overdue for servicing or checks. However arrangements had already been made for the equipment to be serviced and following our inspection we were provided with evidence to confirm this.

Leadership, openness and transparency

The team within the practice was led by the practice manager who was not based at the practice but visited two or three times a week and was available remotely at other times. There was also remote support available from the provider's head office where the registered manager and the clinical quality and care manager were based. Overall accountability for the practice was held by the registered manager.

Staff told us they felt able to raise concerns and were listened to and supported if they did so. They also told us they worked well together as a team.

The practice was aware of the duty of candour and this was demonstrated in the records we reviewed relating to incidents.

We saw evidence of monthly staff meetings which had a set agenda and were minuted. We looked at the practice meeting minutes from the last 12 months and saw that governance issues had been discussed and training and updates had also been incorporated.

Learning and improvement

There was a programme of clinical audits in place in order to monitor quality and to make improvements. We saw that infection control audits had been carried out regularly, the last one having been undertaken in January 2017 with no actions required.

We also saw that the most recent audit of clinical record keeping had taken place in July 2016. We saw there was a detailed analysis and feedback given with learning points. Audits of the quality and justification of radiography (X-rays) were being carried out, the last one having been carried out in August 2016. This related to one of the dentists, there were no audits relating to the second dentist as they had only started at the practice in January 2017. The audit demonstrated that a good standard of X-rays was being maintained. Other audits we looked at related to disability access, antibiotic prescribing, fissure sealants and fluoride application.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that clinical staff were up to date with the recommended CPD requirements of the GDC.

The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation (CPR), infection control, safeguarding of children and vulnerable adults and dental radiography (X-rays). Staff development was by means of internal training, staff meetings and attendance on external courses.

We saw evidence that staff had received appraisals in the last 12 months where appropriate and personal development plans were in place in order to identify staff learning needs.

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

The practice had a number of methods to gain feedback from patients. The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the

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requirements of NHS England. The results from January 2017 showed that 99% of NHS patients were extremely likely or likely to recommend the practice to friends and family.

Other methods of feedback were via a suggestion box in the waiting room and the practice undertook patient surveys at least annually. The last one had been overwhelmingly positive but we saw that the practice had

acted on a request for more patient information to be made available. They displayed 'You said, we did' posters in the waiting room which identified how they had acted as a result of patient feedback. Patients were also able to leave feedback online through the practice website.

Staff we spoke with told us they were able to raise issues for discussion and were supported to do so. Staff were also confident to discuss suggestions informally.