

SCA Collins Limited

SCA Collins Limited

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

SCA Collins Limited is situated in the Banner Cross area of Sheffield. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice, treatment and routine restorative dental care. It also offers domiciliary services to the local hospice, residential homes and for patients who cannot attend the surgery for medical reasons. Treatment and waiting rooms are on the ground and first floor of the premises.

The practice has three surgeries, a decontamination room, two waiting areas and a reception area. There are toilet facilities on the first floor of the premises and also in a separate building behind the premises.

There are two dentists, a dental hygiene therapist and five dental nurses who also cover reception duties.

The opening hours are Monday, Thursday and Friday 9-00am to 5-00pm, Tuesday 9-00am to 7-00pm and Wednesday 9-00am to 1-00pm. They also open two Saturdays a month between 9-00am and 12-00pm.

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

On the day of inspection 49 patients provided feedback. The patients were positive about the care and treatment they received at the practice. They told us they were treated with dignity and respect in a clean and hygienic environment, informed of treatment options, were able to make appointments in a timely manner and were made to feel comfortable and relaxed.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, fire and health and safety.
- Their recruitment policy was not always followed in respect to obtaining two references for new staff.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit.
- Patients were treated with care, respect and dignity.
- Patients were able to make appointments in a timely manner at a time which suited them.
- 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:

- Aim for all staff to complete safeguarding training.
- Aim to seek references for all new members of staff.
- Aim to document discussions with patients about treatment options.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Aim to replace the fabric chairs in the surgeries with wipe clean chairs.

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). There had been one minor incident in the last 12 months. These had been recorded and reflected upon by the practice. If patients were involved then they would be given an apology and informed of any actions as a result of the incident.

Not all staff had received training in safeguarding patients. However, staff who we spoke with were knowledgeable of the signs of abuse and who to report them to.

The staff were suitably qualified for their roles and the practice had undertaken Disclosure and Barring Service checks (DBS) to ensure patient safety. However, the practice had not sought written references for new staff members.

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.

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) and National Institute for Health and Care Excellence (NICE). 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 supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

Consent for treatment was obtained before treatment began. Staff were knowledgeable about the principles of the Mental Capacity Act (MCA) 2005 and its relevance when attempting to obtain consent from patients who may not have capacity to provide consent.

Are services caring?

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

We received feedback from 49 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs were given. It was noted that reception staff provided a warm welcome and were friendly, helpful and considerate.

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

Summary of findings

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.

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 had made reasonable adjustments to enable patients with a disability or limited mobility to access dental treatment. The practice owner also offered domiciliary visits to the local hospice, residential homes and patients' own homes for those who could not attend the surgery.

Are services well-led?

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

There was a 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 supported by one of the dental nurses who had a more administrative role within the practice.

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

There were good arrangements in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend. Staff felt confident to raise any issues at staff meetings and these would be discussed openly in a professional manner.

SCA Collins Limited

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.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

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

During the inspection we toured the premises, spoke with two dentists and three dental nurses. 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 saw evidence of an incident which had occurred within the last year. This had been documented and was reflected upon by the practice and also discussed at a staff meeting. If patients were involved then they would be given an apology and informed of any action taken as a result. We saw evidence that significant events were discussed at practice meetings.

The practice owner 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 responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Any MHRA alerts were discussed with staff at practice meetings.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult 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. Staff were knowledgeable about the different kinds of abuse which can occur including dental neglect. One of the dentists was the safeguarding lead in the practice. However, not all staff had received formal training in safeguarding. The practice had discussed safeguarding at a recent staff meeting which included discussions about the different types of abuse and who to contact if the situation arose. There had not been any referrals to the local safeguarding team; however, they were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments) and a protocol to prevent nurses from handling syringes.

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 not routinely used in root canal treatment in line with guidance from the British Endodontic Society. We discussed this with the practice owner and were told that a protocol for securing endodontic files would be implemented to prevent inhalation of endodontic files.

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 received annual training in emergency resuscitation and basic life support as a team within the last 12 months. They also conducted scenarios of medical emergency situations at each monthly staff meeting. This helped the staff to refresh their knowledge of how to deal with medical emergencies.

The emergency resuscitation kits, oxygen and emergency medicines were stored on the ground floor adjacent to the surgeries. Staff knew where the emergency kits were kept. The practice had 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).

We saw that weekly checks were not carried out to ensure the AED and oxygen cylinder were functional. This was brought to the attention of the practice owner and immediate action was taken to implement a weekly check list for the AED and oxygen cylinder.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had not been completely followed. The practice had not sought references for newly recruited members of staff. This was brought to the attention of the practice owner and we were told that these would be sought for all new members of staff.

Are services safe?

We saw that 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.

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). The dental nurses were covered by the practice owner's indemnity insurance.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment 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. Where issues had been identified, remedial action had been taken in a timely manner.

There were also policies and procedures in place to manage other risks at the practice. These included infection prevention and control, fire evacuation procedures, use of the autoclave and compressor 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, blood and saliva. 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 COSHH folder was reviewed regularly to ensure that no new hazards had been identified for the substances included in the folder.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. All staff were provided with a copy of the infection control policy in their staff folder.

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)'. One of the dental nurses was the nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

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 were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. 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. However, we did note that in the surgeries there were fabric chairs which could not be effectively cleaned. We discussed this with the practice owner and they informed us that these would be replaced with more cleanable chairs.

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 routinely manually cleaned the used instruments, examined them visually with an illuminated magnifying glass. They also had an ultrasonic bath and a washer disinfectant to disinfect dirty instruments. The instruments were then sterilised in an autoclave. The decontamination room had clearly defined dirty and clean zones in

Are services safe?

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.

The practice had systems in place for daily 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 the self- assessment audit in July 2015 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.

Records showed a risk assessment process for Legionella had been carried out in July 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each month, the use of a water conditioning agent in the dental unit waterlines and annual testing of the water from the dental unit for the presence of legionella bacteria.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves, the washer disinfectant and the compressor. We saw evidence of regular servicing of the autoclaves, washer disinfectant, compressor and X-ray machines.

Portable appliance testing (PAT) had been completed in November 2015 (PAT confirms that electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use.

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 within the radiation protection folder for staff to reference if needed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

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 audits confirmed the practice was meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

The practice used a manual technique to develop X-rays. These were developed in a dark room using chemicals. We saw that used X-ray developing chemicals were stored safely in containers for disposal by a registered waste carrier and appropriate documentation retained.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date 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 dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

During the course of our inspection we discussed oral health assessments, treatment and advice given to patients. We 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.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. The patients' medical history was checked by the dentist at each appointment and this was recorded in the dental care records. This included an update on their health conditions, current medicines being taken and whether they had any allergies. Patients confirmed that these medical history checks took place.

The practice used current guidelines and research in order to continually develop and improve its 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 and a 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. For example, the practice recalled children at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. Patients were given advice regarding maintaining good oral health. When required, high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist, confirmed by patients, that advice appropriate to their individual needs such as smoking cessation, oral hygiene advice and dietary advice was given. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the infection control procedures, showing the new staff member the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists. New members of staff were given a copy of the infection control and health and safety policies for future reference.

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). The recently qualified dental nurses told us that they were well supported throughout their training by other members of staff and the practice owner. Staff told us that if they wished to attend a course or pursue further training then they would feel happy to speak to the practice owner and felt that their wishes would be acted upon.

Records showed professional registration with the GDC was up to date for all clinical staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection control.

Dental nurses were supervised by the dentists. Staff told us the practice owner was readily available to speak to at all times for support and advice. Staff told us that there was a nice supportive environment at the practice and they felt comfortable when asking for help if needed.

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

Are services effective?

(for example, treatment is effective)

patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice had a procedure for referring suspected malignancies to a two week wait list at the local hospital.

The practice completed 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.

Consent to care and treatment

Patients were given appropriate 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 had an 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. This included discussion about possible treatment options and associated costs. However, this was not always fully documented in the dental care records. Patients were given time to consider and make informed decisions about which option they preferred. Patients confirmed that treatment options and associated costs were discussed. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that most of the patients had been attending the practice for several years and they had built up good relations with them. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

We observed privacy and confidentiality was generally maintained for patients who used the service on the day of inspection. We observed staff were discreet and respectful to patients. Surgery doors were kept closed when patients

were being treated. The reception area was separate to the waiting areas and conversations could not be overheard. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' care records were securely stored in locked cabinets when the practice was closed.

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.

Patients were also informed of the range of treatments available and their cost on notices in the waiting area and in the patient information leaflet.

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 within 24 hours if not 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. Patients told us that they were able to book both routine and emergency appointments at times which suited them.

Patients commented they had sufficient time during their appointment and they were not rushed. 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 an equality and diversity policy to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included a ramp to access the building and a hearing loop. There were toilet facilities in a separate building behind the practice; however, these would not be accessible for patients in a wheelchair. As part of the practice's refurbishment plans it aimed to make the toilet facilities disabled friendly. Two of the surgeries were located on the ground floor and were large enough to accommodate a wheelchair.

We were told that if any patients felt that they could not attend the surgery for any reasons then the practice owner would offer to provide a domiciliary visit. The practice owner also undertook domiciliary visits to the local hospice and residential homes.

Access to the service

The practice displayed its opening hours in the premises. The opening hours are Monday, Thursday and Friday

9-00am to 5-00pm, Tuesday 9-00am to 7-00pm and Wednesday 9-00am to 1-00pm. The practice also opened two Saturdays a month between 9-00am and 12-00pm. Patients told us that they were rarely kept waiting for their appointment. 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 within 24 hours if not the same day. Patients confirmed this.

When the practice was closed patients who required emergency dental care were signposted to the NHS 111 service on the telephone answering machine. Details for patients of what to do if they have a dental emergency outside of the practice opening hours was also available 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. Staff told us they raised any formal or informal comments or concerns with the practice owner to ensure responses were made in a timely manner.

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.

Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in dedicated comments and complaints leaflet. We reviewed records of a verbal complaint which had been received in the past 12 months and it had been dealt with in a timely manner. It was evident from these records that the practice had been open and transparent with the patient and an apology had been given.

Are services well-led?

Our findings

Governance arrangements

The practice owner was in charge of the day to day running of the service and was supported by one of the dental nurses who had a more administrative role. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had 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, sharps and infection control.

There were a range of policies and procedures in use at the practice. The practice held staff meetings every month involving all staff where governance was discussed. Staff meetings were minuted to ensure that any staff not present could be made aware of topics which had been discussed.

There was a 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.

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 would be discussed openly at staff meetings where relevant. It was evident that the practice worked as a team and dealt with any issue in a professional manner. Staff were aware of whom to raise any issue with and told us that the practice owner was approachable, would listen to their concerns and act appropriately. If the practice owner was not available or the issue related to the practice owner, staff were familiar with other contacts both within the practice and externally for advice.

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 clinical records, X-rays and infection control. The most recent clinical record audit was completed in February 2015 and showed that the dentists were generally performing well. However, where issues had been identified an action plan had been established and a review date had been set.

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. The practice owner organised medical emergency training with another local practice to ensure that it was completed annually. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. The recently qualified dental nurses told us that they were well supported throughout their training and help or assistance was readily available.

The practice held staff meetings every month at which ways to make the practice more effective were discussed and learning was disseminated. We saw that recently there was a practice meeting dedicated to the principles of safeguarding including the different types of safeguarding and the signs of abuse.

All staff received annual appraisals at which performance, learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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 patient satisfaction surveys. The practice posted out patient satisfaction questionnaires on an annual basis to patients who had recently attended. Each year the questionnaires were sent out in a different month so that the same patients were not being included in each

Are services well-led?

annual survey. The most recent satisfaction survey showed a high level of satisfaction with the services provided. The practice also had a comment box in the waiting room. Comments made by patients which were posted in the comment box were discussed at the monthly practice meetings and any improvements which could be made were discussed. As a result of patient feedback the practice had started sending out text message reminders to patients to remind them of any upcoming appointments.

They were also undertaking the NHS friends and family test. The most recent test results showed that 100% of patients would recommend the practice to friends or family.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.