

Mr. Fariborz Ladjevardi

Highfields Dental Practice

Inspection Report

129 Edleston Road
Crewe
CW2 7HP
Tel: 01270 212042
Website: N/A

Date of inspection visit: 11 August 2016
Date of publication: 26/10/2016

Overall summary

We carried out an announced comprehensive inspection on 11 August 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

Highfields Dental Practice is located in a residential suburb close to the centre of Crewe. It comprises a

reception and waiting room on the ground floor and a treatment room, a further waiting room, offices, storage and staff rooms on the upper floors. Parking is available on nearby streets. The premises is accessible to patients with disabilities, impaired mobility and to wheelchair users but the treatment room is on the first floor accessed by a flight of stairs.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday to Friday 8.30am to 5.30pm. The practice is staffed by a principal dentist, a practice manager, four dental nurses, one of whom is a trainee, and a receptionist.

The principal dentist is registered with the Care Quality Commission as an individual. 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.

The location is shared with another separately registered dental service provider.

We received feedback from seven people during the inspection about the services provided. Patients commented that the staff were friendly and helpful and that the service was very good.

Our key findings were:

Summary of findings

- Staff had received safeguarding training and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- The premises and equipment were clean and secure.
- Infection control procedures were in place and the practice followed current guidelines.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits and risks, and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice.
- The practice had procedures in place to record and analyse significant events and incidents; however not all significant events were recorded.

- The practice gathered the views of patients but we did not see evidence of patient feedback being taken into account.

-

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

- Review the practice's infection control procedures and protocols, specifically in relation to cleaning equipment storage, to ensure they are suitable, having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's audit protocols to ensure that all audits have documented learning points and the resulting improvements can be demonstrated as part of the audit process.
- Review the systems in place to assess, monitor and improve the quality and safety of the service provided, specifically in relation to the recording of all significant events, and acting on patient feedback.
- Review the communication processes to ensure effective communication and forward planning are enabled with the other provider who shares this location. This should include, for example, the implementation of an agreement or protocol in relation to shared services.

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 provider had effective systems and processes in place to ensure that care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints; however recent significant events had not been recorded.

Staff had received training in safeguarding adults and children, knew how to recognise the signs of abuse and who to report them to.

Staff were appropriately recruited, suitably trained and skilled, and there were sufficient numbers of staff. We saw evidence of inductions for new staff and regular appraisals were carried out.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in responding to medical emergencies.

The premises was secure and cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

There was guidance for staff on effective decontamination of dental instruments which staff were following. Staff had received training in infection prevention and control.

The practice was following current legislation and guidance in relation to X-rays to protect patients and staff from unnecessary exposure to radiation.

No action



Are services effective?

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

Staff followed current guidelines when delivering dental care and treatment to patients. This included assessing and recording their medical history. Patients received an assessment of their dental health, and treatment provided focused on their individual needs. Patients' consent was obtained before treatment was provided. Patients were given a written treatment plan which detailed the treatments considered and agreed together with the fees involved. The practice kept detailed dental records.

Staff provided oral health advice and guidance to patients and monitored changes in their oral health. Patients were referred to other services where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council. Staff received training and were supported in meeting the requirements of their professional regulator.

No action



Summary of findings

Are services caring?

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

Patients commented that staff were friendly and helpful. They told us that they were treated with respect and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

No action



Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice and in the practice leaflet.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentist to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The provider had taken into account the needs of different groups of people, for example, people with disabilities and impaired mobility. Staff had access to interpreter services where patients required these.

The practice had a complaints policy in place which was displayed in the waiting room and outlined in the practice leaflet. Complaints were thoroughly investigated and responded to appropriately.

No action



Are services well-led?

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

The practice had a management structure in place and some of the staff had lead roles. Staff were aware of their roles and responsibilities. Staff reported that the provider was approachable and helpful, and took account of their views. Staff told us they were encouraged to raise any issues or concerns.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks. These were regularly reviewed.

No action



Summary of findings

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement, for example, learning from complaints, carrying out audits and gathering patient feedback.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate and securely stored. Patient information was handled confidentially.

The practice held regular staff meetings and these were used to share information to improve future practice and gave everybody an opportunity to openly share information and discuss any concerns or issues.

The provider shared the premises, policies and some equipment with another separately registered dental service provider. Both providers were jointly responsible for these. We found that communication with the other provider sharing this location was not effective.

Highfields Dental Practice

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 took place on 11 August 2016 and was led by a CQC Inspector assisted by a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke to the dentist, dental nurses and the receptionists. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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 provider had procedures in place to report, record, analyse and learn from significant events and incidents but was not consistently recording them. The principal dentist and staff described to us recent significant events which had occurred in the practice, which had not been recorded in accordance with the provider's procedures.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report. The provider had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

Staff understood their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The provider received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health and was able to discuss examples of recent alerts with us. These alerts identify problems or concerns relating to a medicine or medical and dental equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza.

Reliable safety systems and processes (including safeguarding)

We saw that the practice had systems, processes and practices in place to keep people safe from abuse.

The practice had a comprehensive whistleblowing policy in place with an associated procedure in place to enable staff to raise issues and concerns.

The practice had a policy for safeguarding children and vulnerable adults. Staff demonstrated a good understanding of the policy. The principal dentist had a lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's

contact details for reporting concerns and suspected abuse to were displayed in treatment rooms. Staff were trained to the appropriate level in safeguarding and were aware of how to identify abuse and follow up on concerns.

The dentist was assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Records contained a medical history which was completed or updated by the patient and reviewed by the dentist prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, what was due to be carried out. Records were stored securely.

We saw that the practice followed recognised guidance and current practice to keep patients safe. For example, we checked whether the dentist used dental dam routinely to protect the patient's airway during root canal treatment. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. The dentist told us that a dental dam was routinely used in root canal treatments. This was documented in the dental records we reviewed.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. All staff had received medical emergency and resuscitation training as a team and this was updated annually. Staff described to us how they would respond to a variety of medical emergencies. One member of staff was also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. One emergency medicine was not available; however staff responsible for the medical emergency kit ordered this immediately. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records to show that the medicines and equipment were checked regularly.

Are services safe?

Staff recruitment

The practice had a recruitment policy and recruitment procedures in place, which reflected the requirements of current legislation. The practice maintained recruitment records for each member of staff. We reviewed a number of staff records for longer term staff and saw these contained, where appropriate, evidence of qualifications, evidence of registration with their professional body, the General Dental Council, evidence of indemnity and evidence that Disclosure and Barring checks had been carried out.

Staff employment records were stored securely to prevent unauthorised access. We saw that pre-employment checks were also carried out for locum staff.

The practice had a comprehensive induction programme in place.

Responsibilities were shared between staff, for example, there were lead roles for infection prevention and control and safeguarding. Staff we spoke to were aware of their own competencies, skills and abilities.

Monitoring health and safety and responding to risks

The provider had systems in place to assess, monitor and mitigate risks, with a view to keeping staff and patients safe.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties and to manage risks at the practice.

The provider had a control of substances hazardous to health risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, a spillage, accidental swallowing or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals and the display of safety signs.

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a policy was in place which identified responsibility for the

dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal. The provider had implemented a safer sharps system to dispose of used needles. The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were fully familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received a vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products and are at increased risk of injuries from sharp instruments should receive these vaccinations to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to manage and mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available and fire drills were carried out regularly. Staff were familiar with the evacuation procedures in the event of a fire.

Infection control

The provider had an overarching infection prevention and control policy in place underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

Two staff had lead roles for infection prevention and control.

Staff undertook infection prevention and control audits six monthly and we saw evidence of these. Action plans were not identified in the audits.

We observed that there were adequate hand washing facilities available in the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM

Are services safe?

01-05). The practice had a dedicated decontamination room which was accessible to staff only. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff wore appropriate personal protective equipment during the decontamination process. Packaged instruments were dated with an expiry date in accordance with HTM 01-05 guidance.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in these drawers and found that the packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested and decontamination equipment was checked, tested and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records of these checks and tests.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The provider had had a recent *Legionella* risk assessment carried out to determine if there were any risks associated with the premises. (*Legionella* is a bacterium found in the environment which can contaminate water systems in buildings). The provider reviewed the assessment annually. Actions were identified in the assessment and these had been carried out, for example, we saw records of checks and testing on water temperatures, which assisted in monitoring the risk from *Legionella*. Staff described to us the procedures for the daily cleaning and disinfecting of the dental water lines and suction unit. This was in accordance with guidance to prevent the growth and spread of *Legionella* bacteria.

The treatment room had sufficient supplies of personal protective equipment for staff and patient use.

The provider had a cleaning policy in place and a cleaning schedule identifying tasks to be completed, daily, weekly and monthly. Cleaning of the non-clinical areas was the responsibility of a cleaner and the dental nurses were responsible for cleaning the clinical areas. The practice used a colour coding system to assist with cleaning risk identification. We observed that the practice was clean, and treatment rooms and the decontamination room were

clean and uncluttered. We observed that cleaning equipment was stored in a room where mould was visible on the walls and the floor area was dirty with visible dust and debris. The provider notified us after the inspection that this would be addressed.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

Equipment and medicines

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

Staff showed us the recording system for the prescribing, storage and stock control of medicines.

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment, the air compressor and the X-ray machine. The practice carried out regular current portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

We saw that the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. We saw that the dentist maintained records of the serial numbers for prescriptions issued and void. Private prescriptions were printed out when required following assessment of the patient.

Radiography (X-rays)

We observed the practice was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000, (IRMER), current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

Are services safe?

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw that testing and servicing of the X-ray machine had been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Dental care records confirmed that X-rays were justified, reported on and quality assured, and we saw evidence of regular auditing of the quality of the X-ray images

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and General Dental Council guidelines. The dentist described to us how examinations and assessments were carried out. Patients completed a medical history form which included detailing health conditions, medicines being taken and allergies, as well as details of their dental and social history. The dentist then carried out a detailed examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment and details of alternative treatment options. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw patients' signed treatment plans containing details of treatment and associated costs.

We saw evidence that the dentist used current National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews, guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

Health promotion and prevention

We saw that staff adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice and information on

dental hygiene procedures, diet and lifestyle was given to the patients in order to improve health outcomes for them. Where appropriate fluoride treatments were prescribed. Tooth brushing techniques were explained to patients in a way they understood. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

We observed that staff had the skills, knowledge and experience to deliver effective care and treatment.

New staff and trainees undertook a programme of training and supervision before being allowed to carry out any duties at the practice unsupervised.

The provider carried out staff appraisals regularly. We noted the appraisals were a two way process with actions identified in them. Staff confirmed appraisals were used to identify training needs.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and resuscitation, safeguarding, infection prevention and control and radiology. The provider used a variety of training methods to deliver training to staff, for example lunch and learn sessions, external courses and online learning. Checks to ensure dental professionals were up to date with their CPD were carried out by the practice. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

Working with other services

The provider had effective arrangements in place for referrals. The dentist was aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. The dentist referred patients

Are services effective?

(for example, treatment is effective)

to a variety of secondary care and specialist options where required. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

Consent to care and treatment

The dentist described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the dentist made it clear that a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs.

The dentist described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed this in the dental care records we looked at.

NHS treatment costs were displayed in the waiting room along with information on dental treatments to assist patients with treatment choices.

The dentist explained that they would not normally provide treatment to patients on their examination appointment unless they were in pain or their presenting condition dictated otherwise. We saw that the dentist allowed patients time to think about the treatment options presented to them.

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Clinicians demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff had an understanding of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with respect and staff were friendly and helpful. The practice had a separate room available should patients wish to speak in private. The treatment room was situated away from the main waiting area and we saw that the door

was closed at all times when a patient was with the dentist. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment..

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records we looked at.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people. The practice was well maintained and provided a comfortable environment.

We saw that the dentist tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled the dentist to identify any specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

We saw that the provider gathered the views of patients when planning and delivering the service via occasional patient surveys. Staff told us that patients were always able to provide verbal feedback.

Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users.

The premises were accessible to people with disabilities, impaired mobility and to wheelchair users. The provider had a portable ramp to facilitate access for wheelchair users at the front entrance to the practice. Staff provided

assistance should patients require it. Parking was available on nearby streets. The waiting room and reception were situated on the ground floor; however the treatment room and toilet facilities were on the first floor accessed via a flight of stairs.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing.

The practice made provision for patients to arrange appointments by telephone or in person and patients could choose to receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours and the 'out of hours' appointment information were displayed at the entrance to the practice and provided in the practice leaflet. Emergency appointments were available daily.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were not included for complaints about NHS dental treatment. We saw that complaints were promptly and thoroughly investigated and responded to.

Are services well-led?

Our findings

Governance arrangements

The practice was managed by the provider. The practice manager had been absent from the practice for over two months at the time of the inspection. The provider and the practice manager had been working together prior to this to change many of the policies and systems. The provider told us that the practice manager provided excellent support to the staff and the provider. Some staff had lead roles and shared management responsibilities. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities.

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found these were operating effectively.

The provider had arrangements in place to ensure risks were identified, understood and managed, for example, the provider had carried out risk assessments and put measures in place to mitigate these risks. We saw that risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider had arrangements in place to ensure that quality and performance were regularly considered and used a variety of means to monitor quality and performance and improve the service, for example, carrying out audits beyond the mandatory audits for infection control and X-rays, and the analysis of complaints. We observed that not all audits contained action plans and patient feedback was not analysed.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration and staff were supported to meet these requirements by the provision of training.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and stored in locked filing cabinets.

Leadership, openness and transparency

We saw the provider had some systems in place to support communication about the quality and safety of the service, for example, staff meetings.

The practice held staff meetings every month. The meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of the meetings and noted that items discussed included clinical and non-clinical issues.

The provider did not communicate information about the quality and safety of the service to patients, for example, results of the NHS Friends and Family Test and patient surveys.

The provider did not demonstrate evidence of forward planning, either independently or with the other provider, following recent events at the practice, to ensure the continued quality and safety of the service were maintained, for example, in relation to joint working with the other provider over matters relating to fire safety and medical emergencies.

The provider operated an open door policy and staff we spoke to said they could speak to the provider if they had any concerns and that the provider was approachable and helpful. Staff confirmed all their colleagues were supportive.

Learning and improvement

The provider used quality assurance measures, for example auditing, to encourage continuous improvement. Audits we reviewed included, for example, record keeping, X-rays and infection prevention and control. We saw that the audit process was mostly functioning well; however not all audits, for example, the infection control audits, contained identified action plans.

The provider gathered information on the quality of care from a range of sources, including patient feedback, surveys and the NHS Friends and Family Test but did not analyse this to improve the service.

Staff confirmed that learning from complaints, incidents, audits and feedback was discussed at staff meetings to share learning to inform and improve future practice.

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

We saw that people who use the service and staff were engaged and involved. The provider had a system in place

Are services well-led?

to seek the views of patients about the service delivery, and patient survey forms were available in the waiting room. The provider also made NHS Family and Friends Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

Staff told us they felt valued and involved. They were encouraged to offer suggestions during staff meetings and said that suggestions for improvements to the service were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.