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Crankhall Lane Dental Practice

Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection on 21 June 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

Crankhall Lane Dental Practice provides general dental services on a NHS (predominantly) basis. Some private treatment is also offered. The service is provided by two dentists. They are supported by five dental nurses (one of whom is a trainee) and a practice manager. The practice manager is also a qualified dental nurse. All of the dental nurses (apart from the trainee) also carry out reception duties.

The practice is located on a main road adjacent to other commercial properties. There is wheelchair access to the practice and nearby car parking facilities. The premises consist of a waiting room, one treatment room and a reception area on the ground floor. The first floor comprises of two treatment rooms, a spare room and toilet facilities. One of the treatment rooms was no longer used. Opening hours are from 9am to 6pm on Mondays and Thursdays, 9am to 5:30pm on Tuesdays and Wednesdays and 9am to 5pm on Fridays.

The provider is registered with the Care Quality Commission (CQC) as an individual. 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

Four patients provided feedback about the practice. Feedback from patients was overwhelmingly complimentary. Patients were positive about their experience and they commented that staff were friendly, caring and polite.

Our key findings were:

- The practice appeared clean and tidy on the day of our visit. All patients we spoke with commented that this was their experience.
- Feedback from patients described the service as friendly, kind and caring. Patients were able to make routine and emergency appointments when needed.
- The practice carried out effective infection control procedures in line with current guidance.
- The practice had systems to monitor and manage risks to patients, staff and visitors. This included infection prevention and control, health and safety, safeguarding, safe staff recruitment and the management of medical emergencies.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Staff received training appropriate to their roles.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had an effective complaints system in place and there was an openness and transparency in how these were dealt with.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- The practice had a comprehensive schedule of clinical audit demonstrating their commitment to continuous improvement.

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

- Review stocks of medicines and the system for identifying and disposing of expired stock.
- 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
- Consider installing rectangular collimators to their X-ray equipment to reduce radiation doses.
- Review the practice's protocols for recording in the patients' dental care records details of X-ray reports and consent.

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 effective systems to assess and manage risks to patients. These included whistleblowing, complaints, safeguarding and the management of medical emergencies. It also had a recruitment process to help ensure the safe recruitment of staff.

Staff were trained to deal with medical emergencies. Emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. One emergency medicine had expired and had not been disposed of (although it had been replaced and the replacement was well within its expiry date).

The practice was carrying out infection control procedures as described in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary dental practices'.

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

No action



Are services effective?

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

The dentists followed national guidelines when delivering dental care. These included the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). We found that preventative advice was given to patients in line with the 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 an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The practice monitored any changes to the patients' oral health and made referrals for specialist treatment or investigations where indicated. Explanations were given to patients in a way they understood and risks, benefits and options were explained. Record keeping was in line with guidance issued by the FGDP although some improvements were required when recording consent and X-ray reports.

No action



Are services caring?

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

On the day of the inspection we observed privacy and confidentiality were maintained for patients using the service. Patient feedback was positive about the care they received from the practice. Patients described staff as friendly, caring and polite. Patients commented they felt involved in their treatment and it was fully explained to them. Nervous patients said they felt at ease here and the staff were supportive and understanding.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. They were usually able to see patients requiring urgent treatment within 24 hours.

The practice had an effective complaints process.

The practice offered access for patients with limited mobility.

No action



Are services well-led?

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

There was a clearly defined management structure in place and staff we spoke with felt supported in their own particular roles.

There were systems in place to monitor the quality of the service including several audits. The practice used several methods to successfully gain feedback from patients. Staff meetings took place on a regular basis.

The practice carried out audits such as radiography, dental care record keeping and infection control at regular intervals to help improve the quality of service. All audits had documented learning points with action plans.

No action



Crankhall Lane 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.

We inspected Crankhall Lane Dental Practice on 21 June 2016. The inspection was carried out by a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed NHS England that we were inspecting the practice. We had received information that related to concerns about infection prevention control at this practice.

During the inspection we toured the premises, spoke with two dentists (one of whom was the provider), the practice manager and three dental nurses. We also spoke with patients. We reviewed a range of practice policies and practice 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 arrangements for staff to report accidents and incidents. The last accident was recorded in July 2013 and the last incident in January 2016. All incidents and accidents we reviewed were described, recorded and shared with staff appropriately. Discussing and sharing incidents is an excellent opportunity for staff to learn from the strengths and weakness in the services they offer.

Staff were aware of their responsibilities in relation to the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any RIDDOR reportable incidents in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession and there was a practice policy present. We were told that the practice had registered with the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager was responsible for obtaining information from relevant emails and forwarding this information to the rest of the team. Any relevant information was subsequently discussed in staff meetings. The practice manager was aware of the practice's arrangements for staff to report any adverse drug reactions.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult procedures in place. These policies provide 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 local safeguarding teams. One of the dental nurses was the safeguarding lead in the practice and we saw evidence that they had completed Level 3 (enhanced) safeguarding training. Staff members we spoke with were all knowledgeable about safeguarding. Several other staff members had undertaken safeguarding training in the past 12 months and safeguarding was also discussed during a recent staff meeting.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal, operating field and

airway. A rubber dam kit was not available at the practice but an order was placed within 48 hours for a new kit. Staff at the practice assured us they would begin using rubber dam kits.

The practice had a system for raising concerns – there was a policy present and this had been signed by staff members. All staff members we spoke with were aware of the whistleblowing process within the practice. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

Staff we spoke with were aware of the duty of candour regulation. The intention of this regulation is to ensure that staff members are open and transparent with patients in relation to care and treatment. There was a policy present and staff had signed it to state they had read and understood its contents.

Never events are serious incidents that are wholly preventable. Staff members we spoke with were aware of 'never events' and the practice had written processes to follow to prevent these happening.

The practice had processes in place for the safe use of needles and other sharp instruments.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. The arrangements for dealing with medical emergencies in the practice were mostly in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an automated external defibrillator (AED) present. 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.

Staff received annual certified training in the management of medical emergencies and this last took place in May 2016. In addition, medical emergencies and scenarios were discussed during staff meetings. The practice took responsibility for ensuring that all of their staff received annual training in this area. All equipment and medicines were stored in a secure area.

Are services safe?

Staff undertook regular checks of the equipment and emergency medicines to ensure they were safe to use. They documented weekly checks of the emergency oxygen, emergency medicines and the AED.

The emergency medicines were stored securely and all were present as recommended by the guidelines. One medicine had expired and had been replaced. However, staff had not disposed of the expired medicine. This was brought to the attention of the practice and the expired medicine was immediately discarded.

The practice did not have a paediatric self-inflating bag. The practice carried an adult self-inflating bag but it did not have an expiry date and it was not clear whether it was fit for purpose. This was discussed with the practice manager and a new order was immediately placed. Within 48 hours, we received an email from the practice manager stating that the new bags had been delivered.

All staff we spoke with were aware of the location of this equipment and medicines. The medicines were stored in purposely designed storage containers.

Staff recruitment

We looked at the recruitment records for three members of the practice team. The records we saw contained evidence of staff identity verification and all contained two written references. Where relevant, the files contained copies of staff's dental indemnity and General dental Council (GDC) registration certificates. Two out of the three files contained curricula vitae, induction plans and employment contracts. Two of the three files contained evidence that staff were appropriately immunised. We were told that the third staff member's immunisation programme was in progress but we did not see any evidence of this.

There were also recent Disclosure and Barring Service (DBS) checks present for all staff files that we reviewed. The DBS carries out checks to 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 vulnerable adults. All DBS checks we reviewed had taken place in 2015 or 2016.

The practice had a recruitment policy for the safe recruitment of staff but it was not specific with regard to the number of references, DBS checks or immunisation status. Within 48 hours, the practice manager sent an amended policy and this contained more specific details.

The practice had a system in place to monitor the professional registration of its clinical staff members. The practice manager held copies of all staff's current certificates.

Monitoring health & safety and responding to risks

We saw evidence of a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. This included extreme situations such as loss of the premises due to fire. We reviewed the plan and found that it had all relevant contact details in the event of an emergency.

The practice had arrangements in place to monitor health and safety. We reviewed several risk management policies. There was a folder containing information on fire safety and staff had signed to state they had read and understood the contents. We saw evidence that a fire risk assessment had taken place in June 2015 by the practice manager and this was reviewed annually. The practice were considering having an external fire risk assessment. We saw evidence that the fire extinguishers had been serviced in August 2015 and this was carried out annually. Staff members had taken part in fire extinguisher training. We saw evidence that the fire alarms were checked weekly. Fire drills took place every six months and there were fire exits on both floors. Fire safety information was clearly displayed. The practice manager discussed fire safety with us once we had entered the premises to ensure we were aware of the practice's fire safety procedures; we were told this was routinely discussed with all new visitors to the practice.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. We looked at the COSHH file and found this to be comprehensive where risks associated with substances hazardous to health had been identified and actions taken to minimise them.

Infection control

There was an infection control policy and procedures to keep patients and staff safe. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

Are services safe?

We reviewed a selection of staff files and saw evidence that clinical staff were immunised against Hepatitis B to ensure the safety of patients and staff. One staff member was undergoing training at the practice and we were told that their immunisation programme was in progress (but we did not see any documentation of this). We saw evidence that all staff had undertaken training in infection control within the past 12 months.

We observed the practice and all treatment rooms to be visually clean, tidy and free from clutter. All patients we spoke with commented that the practice was clean and tidy. Work surfaces and drawers were clean and free from clutter. The clinical areas had sealed flooring which was in good condition. Dental chairs were covered in non-porous material which aided effective cleaning.

There were handwashing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients.

Decontamination procedures were carried out in the treatment rooms and there was no separate decontamination room. HTM 01-05 recognises that a separate decontamination room is not always achievable due to physical limitations on space. In accordance with HTM 01-05 guidance, staff described a dirty-to-clean workflow system in the treatment rooms. On the day of our visit, there was no signage to clearly demarcate the clean and dirty zones. Within 48 hours, the practice manager contacted us to inform us the signs had been placed in both treatment rooms.

Sharps bins were appropriately located and out of the reach of children. They were wall-mounted and dated in line with HTM 01-05. We observed waste was separated into safe and lockable containers for fortnightly disposal by a registered waste carrier and appropriate documentation retained. Clinical waste storage was in an area where members of the public could not access it. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05.

We spoke with clinical staff about the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05

guidelines. There appeared to be sufficient instruments available and staff confirmed this with us. Staff we spoke with were aware of disposable items that were intended for single use only.

Staff used an ultrasonic cleaning bath to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. An ultrasonic cleaning bath is a device that uses high frequency sound waves to clean instruments. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear. Heavy duty gloves are recommended during the manual cleaning process and they were replaced on a weekly basis in line with HTM 01-05 guidance.

The practice had systems in place for quality testing the decontamination equipment daily, weekly and quarterly. We saw records which confirmed these had taken place.

Staff we spoke with were familiar with the Sharps Regulations 2013 and were following guidance. These set out recommendations to reduce the risk of injuries to staff from contaminated sharp instruments.

The practice manager informed us that checks of all clinical areas were carried out daily by the dental nurses. All clinical and non-clinical areas were cleaned daily by staff at the practice. The practice had a dedicated area for the storage of their cleaning equipment. Cleaning logs were seen for all areas.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw evidence that the practice carried these out every six months in line with current guidance.

Staff members were following the guidelines on managing the water lines in the treatment rooms to prevent Legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw evidence that a Legionella risk assessment was carried out by an external contractor in February 2015. The practice completed all actions that were recommended by the contractor. We saw evidence that the practice recorded

Are services safe?

water temperature on a monthly basis to check that the temperature remained within the recommended range. The practice displayed a certificate in the reception area which provided details about the water quality.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as pressure vessels, autoclaves and the dental chairs.

Employers must ensure that their electrical equipment is maintained in order to prevent danger. Regular portable appliance tests (PAT) confirms that portable electric items used at the practice are safe to use. The practice previously had PAT carried out in April 2016.

The prescription pads were kept securely so that prescriptions were safely given by authorised persons only. The prescription number was recorded in the patients' dental care records. The practice kept a log of prescriptions given so they could ensure that all prescriptions were tracked. Prescription pads were stored securely and stamped only at the point of issue.

We were told that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' dental care records and corroborated what they told us by viewing a sample of records.

Stock rotation of all dental materials was carried out on a monthly basis by staff and all materials we viewed were within their expiry date. A system was also in place for ensuring that all processed packaged instruments were within their expiry date.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history.

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. Local rules were available in the practice for all staff to reference if needed.

We saw evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this.

X-ray equipment in the treatment rooms had not yet been fitted with a part called a collimator. This is good practice as it reduces the radiation dose to the patient. We discussed this with the provider and they told us they would consider fitting this additional part.

We saw evidence that both dentists were up to date with required training in radiography as detailed by the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw evidence that the practice carried out an X-ray audit in November 2015. We were told these usually took place annually. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. We saw evidence that the results were analysed and reported on.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept contemporaneous dental care records and these were paper-based. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP).

We spoke with both dentists about the oral health assessments, treatment and advice given to patients and corroborated what they told us by looking at patient dental care records. Dental care records included details of the condition of the teeth, soft tissues lining the mouth, gums and any signs of mouth cancer. Medical history checks were documented in all of the records we viewed. This kept the dentist reliably informed of any changes in the patients' health which may affect the dental treatment received.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was recording the BPE for all adults (age 18 and above) but not for children. The guidelines recommend that all children above 7 years old have their BPE checked and documented. Discussions with the dentists confirmed that patients with gum disease were appropriately managed and in line with current guidelines.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to lower wisdom teeth removal and in deciding when to recall patients for examination and review. Risk assessments were performed and recorded for patients. Following clinical assessment, the dentists told us they 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 was recorded; however, reports on the X-ray findings were not always recorded. We discussed this with staff and were assured this would be documented with immediate effect. The practice manager also informed us that record keeping would be discussed with all staff at the next practice meeting.

Staff told us that treatment options and costs (where applicable) were discussed with the patient and this was corroborated when we spoke with patients.

The practice regularly undertook an audit of the clinical record keeping, which ensured that accurate and contemporaneous records were maintained for all patients at the practice.

Health promotion & prevention

The dentists we spoke with told us that patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. The practice had plastic models of the teeth and used these to demonstrate oral hygiene procedures to their patients. A range of health promotion leaflets were available in the practice to support patients. Examples included information on gum disease, oral health and smoking. There were also posters with information about mouth cancer, drugs and alcohol.

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'. 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, the practice recalled patients, as appropriate, to receive oral hygiene advice. Where required, toothpastes containing high fluoride were prescribed.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. This included areas such as confidentiality, fire safety and infection control.

Staff told us they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, orthodontic therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC (apart from the trainee dental nurses as only qualified staff can register).

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. Most of the dental nurses worked on a

Are services effective?

(for example, treatment is effective)

part-time basis and had the flexibility to work additional hours when required. Therefore, the practice did not utilise locum dental nurses as their own staff were able to increase their hours.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us that senior staff were readily available to speak with at all times for support and advice.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to specialist dental services for complex oral surgery. We viewed three referral letters and noted that all were comprehensive to ensure the specialist services had all the relevant information required. Patients were given a copy of their referral letter.

Staff understood the procedure for urgent referrals, for example, patients with suspected oral cancer.

The practice kept a log of all referrals sent so that they could be followed up in a timely manner.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Evidence was seen that patients were given a written treatment plan, with an estimate of costs to sign to signify consent. Staff also ensured patients gave their consent before treatment began but this was not always recorded in the dental care records.

Staff had received training on how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). The 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 on the MCA and we saw CPD certificates which stated that several staff members had recently participated in MCA training. A DVD on the MCA was available for all staff to refer to.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Staff members confirmed individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. Patients we spoke with commented that risks and benefits of treatment were explained to them, and they were given the opportunity to ask any questions before they agreed to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with four patients during our visit and patient feedback was overwhelmingly positive about the care they received. They all described staff as friendly and polite. Some patients travelled a long distance as they trusted the staff here. Patients commented they felt involved in their treatment and it was fully explained to them. Nervous patients said they felt at ease here and the staff were supportive and very good with children. No negative comments were made and patients commented that they would recommend this practice to their friends and family.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to the treatment rooms were closed during appointments and confidential patient details were not visible to other patients. Staff members we spoke with were aware of the importance of providing patients with privacy. The reception area was not left unattended and confidential patient information was stored in a secure area. There was a room available for patients to have private discussions with staff and this was also mentioned in the practice's information leaflet for patients. The practice had completed an audit on information governance in March 2016 – this helped to ensure that all staff were securing data appropriately.

We observed that staff members were helpful, discreet and respectful to patients on the day of our visit. Many of the patients and staff were longstanding and it was a welcoming and friendly atmosphere.

We were told that the practice appropriately supported anxious patients using various methods. Longer appointments were arranged to allow additional time for discussions. They also had the choice of seeing different dentists at the practice. Patients could also request a referral for dental treatment under sedation.

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. Patients were also informed of the range of treatments available. Patients commented that the cost of treatment (where applicable) was discussed with them and this information was also provided to them in the form of a customised written treatment plan. We were told that all patients received written treatment plans.

NHS examination and treatment fees were displayed in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were able to access the practice as one treatment room was on the ground floor. There were toilet facilities available on the first floor for patients.

The practice had an appointment system in place to respond to patients' needs. Patients we spoke with told us that they were almost always seen on time. We were told it was easy to make an appointment.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. The practice adopted a 'sit and wait' policy and patients were informed of this when booking an emergency appointment. We were told that this system was successful with patients.

Patient feedback confirmed that the practice was providing a good service that met their needs.

Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice welcomed patients from diverse backgrounds and cultures. The practice recognised the needs of different groups in the planning of its services. The practice did not have an audio loop system for patients who might have hearing impairments. However, the practice used various methods so that patients with hearing impairments could still access the services such as providing written information to them and/or lip-reading. The practice had access to an interpreting service for patients to communicate via sign language. The practice also had a policy for staff to refer to when patients with hearing impairments do not request interpreters. This policy stated that all details of the conversation are written to ensure that the patient fully understands before consenting to any treatment. The patient is then given a copy and the original is stored in the patient's dental care record.

Patients with mobility difficulties (including wheelchair users) were encouraged to use the practice. Reception staff

would meet patients at the front of the practice and provide assistance to them, if required/requested. Patients would be escorted by reception staff to the treatment room, if required.

The practice also had access to an interpreting service for patients that were unable to speak fluent English. The practice carried out audits involving patients whose first language was not English. Several staff members (including the dentists) spoke different languages relevant to patients. The practice clearly told patients that chaperones were welcome to assist all patients in the treatment rooms.

The practice made adjustments for their patients with special needs such as learning disabilities. We were told that longer appointments would be arranged so that the staff and patients had ample time for dental discussions. A recent staff meeting involved staff discussions about treating patients with dementia.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

Access to the service

Feedback from patients confirmed they could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service for advice on obtaining emergency dental treatment. We were told that it was rare for both dentists to be on annual leave at the same time. However, the practice had an arrangement with a local dental practice whereby patients could be seen for emergency dental treatment in the rare event that both dentists were off at the same time.

Opening hours were from 9am to 6pm on Mondays and Thursdays, 9am to 5:30pm on Tuesdays and Wednesdays and 9am to 5pm on Fridays.

Concerns & complaints

The practice had a complaints process which provided staff with clear guidance about how to handle a complaint. Staff members we spoke with were fully aware of this process.

Are services responsive to people's needs? (for example, to feedback?)

Information for patients about how to make a complaint was available at the practice and clearly displayed. This included details of external organisations in the event that patients were dissatisfied with the practice's response.

We saw evidence that complaints received by the practice had been recorded, analysed and investigated. There was a designated complaints lead and staff also documented any

verbal complaints to enhance learning. We found that complainants had been responded to in a professional, open and honest manner. We saw evidence that any learning identified was cascaded to team members and discussed in staff meetings. Only one complaint had been received at the practice in the last 12 months and this was made verbally.

Are services well-led?

Our findings

Governance arrangements

The provider and practice manager had worked together for 20 years. The practice manager was in charge of the day to day running of the service. They worked at this practice on a part-time basis but had telephone availability on all other days. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service.

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. One example was their risk assessment of injuries from sharp instruments. We were told that the dentists always re-sheathed and dismantled needles so that fewer members of the dental team were handling used sharp instruments. This reduced the risk of injury to other staff members posed by used sharp instruments. The practice also had risk assessments for pregnant/nursing mothers and health and safety.

Staff we spoke with were clear about their roles and responsibilities within the practice team, and they had good systems in place to ensure effective communication.

The practice had policies and procedures in place to support the management of the service, and these were readily available. Policies were noted in infection control, safeguarding children and vulnerable adults and whistleblowing.

The practice manager retained a schedule which documented when servicing for particular equipment was due.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. All staff we spoke with were aware of whom to raise any issue with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead, complaints lead and infection control lead.

Learning and improvement

The practice manager monitored staff training to ensure essential staff training was completed each year. This was free for all staff members and included emergency resuscitation and basic life support. The GDC requires all registrants to undertake CPD to maintain their professional registration.

The practice manager attended many CPD courses in their own time and shared learning with other staff in staff meetings. Examples included treating patients with dementia and patient-focused care.

Quality assurance processes were in place at the practice to ensure continuous improvement and learning. These included audits of radiography (X-rays), dental care record keeping and infection control. All of the audits we reviewed had been reported on and action plans devised. All audits should have documented learning points so that the resulting improvements can be demonstrated. Audits were also completed in areas such as oral cancer, hand hygiene and medical history recording.

Staff meetings took place every 4-6 weeks. The minutes of the meetings were available for all staff and were comprehensive. This meant that any staff members who were not present also had the information and all staff could update themselves at a later date. All attendees and absentees were documented. Topics such as safeguarding, infection control and medical emergencies had been discussed in the last 12 months.

The practice manager told us that staff received informal appraisals but these were not documented. We were told that it was an ongoing and informal process. We reviewed a selection of staff files and saw that probation meetings with new staff were clearly documented. Regular appraisals provide an opportunity where learning needs, concerns and aspirations can be discussed. The practice manager assured us that future appraisals would be documented. Within 48 hours, we received evidence that a formal appraisal had taken place and this was documented.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice.

The practice had systems in place to involve, seek and act upon feedback from people using the service. Examples included the provision of a credit card machine and

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interpreters. Views and suggestions were cascaded to all members of the practice team in staff meetings. Blank comment cards were available in the waiting room for patients to make any suggestions. The practice undertook the NHS Family and Friends Test (FFT). The FFT captures feedback from patients undergoing NHS dental care.

Staff we spoke with told us their views were sought and listened to and there were also dedicated staff satisfaction questionnaires. These were completed and audited annually. Results from the previous audit showed that no concerns or recommendations were raised. Staff we spoke with were happy and said there was always a friendly atmosphere at the practice.