

Ilkley Dental Care Limited

Ilkley Dental Care Limited

Inspection Report

39 Leeds Road
Ilkley
West Yorkshire
LS29 8DP

Tel: 01943 608750

Website: www.ilkleydentalcare.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 30 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Ilkley Dental Care is situated in Ilkley town centre, West Yorkshire. It offers predominantly private dental treatment to patients of all ages but also has a small NHS contract for children and adults who are exempt from NHS dental charges. The services include preventative advice and treatment and routine restorative dental care.

The practice has four surgeries, a decontamination room, one waiting area and a reception area. The reception area, waiting area and one surgery are on the ground floor. One surgery is in the basement and the other two surgeries are on the first floor. The second floor of the premises is reserved for staff only.

There are five dentists, three dental hygiene therapists, seven dental nurses (including a trainee), four receptionists and a practice manager.

The opening hours are Monday to Friday from 8-30am to 5-30pm and Saturday from 8-30am to 12-30pm.

One of the practice owners 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.

During the inspection we spoke with eight patients who used the service and reviewed 110 completed CQC

Summary of findings

comment cards. The patients were positive about the care and treatment they received at the practice. Comments included that the staff were friendly, efficient, professional and obliging and that the practice was immaculately clean and that treatment options were well explained.

Our key findings were:

- The practice was clean and tidy.
- The practice had systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff received training appropriate to their roles.
- Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.
- The practice actively used social media to engage with its patients.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.

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

- Aim to complete the IPS audit in the digital form so that an action plan is formulated.
- Aim to document the automatic control test for the autoclaves.
- Aim to bag all reusable dental burs.
- Aim to record when the emergency drugs and the automated external defibrillator are checked.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

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

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

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

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

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

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

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

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

Are services caring?

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

During the inspection we spoke with eight patients who used the service and reviewed 110 completed CQC comment cards. Patients commented that staff were polite, welcoming and helpful. Patients also commented that they were involved in treatment options and everything was explained thoroughly.

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

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

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

Summary of findings

Are services responsive to people's needs?

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

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

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

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

The practice had made reasonable adjustments to enable patients with limited mobility to access treatment.

The practice actively used social media in order to interact with its patients and provide oral health information.

Are services well-led?

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

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

Effective arrangements were in place to share information with staff by means of two-monthly practice meetings which were well minuted for those staff unable to attend. The practice also held daily huddles in the morning to discuss any on-going issues.

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

They conducted patient satisfaction surveys and were also undertaking the NHS Friends and Family Test (FFT) for patients to make suggestions to the practice.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

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

During the inspection we spoke with eight patients who used the service and reviewed 110 completed CQC

comment cards. We also spoke with two dentists, one dental hygiene therapist, three dental nurses, two receptionists and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff had recently completed training about significant event analysis and had a good understanding of the processes involved. The practice had recently started a process whereby each surgery plus the reception desk had their own individual significant event folder. Staff now documented every event whether positive or negative and then these were discussed at staff meetings or daily huddles to see if anything could be done to prevent anything negative occurring again and also praise the positives. We reviewed the incidents which had occurred recently and these had been documented, investigated and reflected upon by the dental practice.

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

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

Reliable safety systems and processes (including safeguarding)

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

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

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

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

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in a store cupboard on the first floor. 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 were told that the emergency medicines, oxygen and AED were checked on a regular basis to ensure they were in date and fit for use. These checks were not documented. We discussed this with the practice manager and the practice owner and we were told checklists would now be implemented. On the day of inspection all emergency medicines were as per BNF guidelines, the oxygen cylinder was full and the AED was functional.

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 recruitment files and found the recruitment procedure had

Are services safe?

been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

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

Monitoring health & safety and responding to risks

A health and safety policy 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. We saw that the practice undertook an annual health and safety audit. Any non-urgent matters were put on the practice's refurbishment plan and a date was set to aim to get them completed. It was evident that the practice was particularly proactive about responding to risks and improving the practice.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B. We saw that these risks were appropriately managed.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. Staff were fully aware of the importance of the COSHH folder in relation to dealing with materials and substances. 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 regularly reviewed by one of the dental nurses to check whether any 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, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice had a dedicated infection control lead who was responsible for ensuring the infection control policy was being adhered to.

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 room and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. 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.

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 used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave. The decontamination room had clearly defined

Are services safe?

dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

During the inspection we noted that reusable dental burs were not bagged. HTM 01-05 states that any reusable instruments should be bagged. This was brought to the attention of the practice owner and the practice manager and we were told that a process to ensure this happened would be implemented.

The practice had some systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. However, we noted that the daily automatic control test was not recorded for the autoclaves. This was brought to the attention of the practice manager and we were told that these would be documented from now on.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in 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. This audit had been completed on paper and no action plan had been derived in order strive for best practice. This was discussed with the practice manager and we were told that this audit would be completed electronically now in order to derive an action plan.

Records showed a risk assessment process for Legionella had been carried out (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 and end of each session and between patients, monitoring cold and hot water temperatures each month, using a water conditioning agent and also quarterly tests on the on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclave and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) had been completed in October 2014 (PAT confirms that portable electrical appliances are routinely checked for safety) and was completed every three years in line with the British Dental Association guidance. The practice also conducted six monthly visual checks on all electrical equipment.

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

The practice also dispensed a limited number of antibiotics for private patients. These were kept locked away and a log of which antibiotics was kept to ensure there was enough stock and also that they were in date.

Radiography (X-rays)

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

X-ray audits were carried out every six months. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The 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.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken. During the inspection we noted that several dentists used dental loupes during examinations and whilst providing treatment. Dental loupes provide a dentist with a degree magnification which aids visual acuity and aids correct diagnosis and treatment of dental conditions.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment. This included an update on their health conditions, current medicines being taken and whether they had any allergies. The practice used tablets for patients to update their medical histories in the reception area. Any updates were immediately transferred into their dental care records. This allowed the practice to keep paper usage to a complete minimum.

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

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish and fissure sealants to children who were also applied to children at high risk of dental decay. High fluoride toothpastes or mouthwashes were also prescribed for patients at high risk of dental decay.

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

The practice had a display in the waiting room with informing patients of the amount of sugar in different types of soft drinks. We were told that this display was changed about every two months to focus on different issues which affect oral health. These included smoking and alcohol consumption.

The practice had a social media account which it encouraged its patients to follow. This Facebook page had posts about oral health. These included smoking cessation, oral cancer awareness and diet advice.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients where appropriate. 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 getting the new member of staff aware of the practice's policies, the location of emergency medicines, arrangements for fire evacuation procedures, waste management and the decontamination procedures. We saw evidence of completed induction checklists in the personnel files. As part of the induction process new recruits had regular meetings with the practice manager to ensure they were happy and to resolve any issues.

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

Are services effective?

(for example, treatment is effective)

(GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

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

The practice used an effective skill mix in order to provide quality dental treatment. This included dental hygiene therapists and dental nurses who had enhanced training in oral health education, dental radiography and fluoride application. The practice also used a dental laboratory which was located in the basement. We were told that they would often use the dental technician for taking shades for crowns, veneers or dentures.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back

relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records for future reference. The practice also had a process for the urgent referral of patients with a suspected malignancy.

Consent to care and treatment

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

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

Staff ensured patients gave their consent before treatment began and this was signed by the patient. We were told that 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 signed a copy of the treatment plan and this was scanned into their dental care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed the receptionists to be helpful, discreet and respectful to patients. She was aware that no personal details should be discussed at the reception desk to ensure the dignity of patients. She also told us that if a patient wished to speak in private, an empty room would be found to speak with them

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

The practice owner described to us that they had specifically designed their surgeries so that instruments, drills or needles were not visible to patients. This helped reduce the anxiety some patients experience during treatment.

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. The practice used intraoral cameras the use of which was demonstrated. They used these to help patients understand why a particular treatment was needed. For example, if a tooth was particularly badly damaged then a photo would be taken so that the dentist could spend time describing to the patient different treatment options and use the photo to explain the procedures involved in each option. The dentists also described to us how they used X-rays to involve patient in decisions. They would show patients X-rays to describe what was wrong with a tooth or teeth and then this would help with patients' understanding of why a particular treatment was needed.

Patients were also informed of the range of treatments available in the practice information leaflet, on notices in the waiting area and on the practices' website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

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.

The practice proactively used social media to interact with its patients. For example, the practice posted "Meet the team Mondays" which were used to introduce a member of staff and describe what their role is within the practice, their skills and qualifications and what they like doing outside work. We felt that this simple and personable act helps give the practice a nice family feel.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included handrails and grab rails for patients with limited mobility and a hearing loop. We were told that the ground floor surgery was used for those patients who could not manage the stairs.

The practice was not accessible for patients in a wheelchair. This was because the local council had rejected plans for a ramp to be built at the front of the building. We were told that if this was ever an issue then the patient could either be referred to the local community dentist or another local practice which was accessible for patients in a wheelchair.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Friday from 8-30am to 5-30pm and Saturday from 8-30am to 12-30pm.

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 the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine. Private patients were provided with a telephone number for the local dentist rota. Information about the out of hours emergency dental service was also displayed in the waiting area, in the practice information leaflet and on the practice website.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room and in the practice's information leaflet. The practice manager was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practice's policy. The practice kept a detailed log for each complaint including all correspondence or telephone conversations which related to the complaint.

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 two 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.

It was evident that the practice used complaints as a learning experience and they were used to improve services to patients. For example, we saw that from a particular complaint they had produced a patient information leaflet. They had contacted the complainant and asked about their experience in order to create this

Are services responsive to people's needs?

(for example, to feedback?)

leaflet. This leaflet was now given to all patients who were undergoing the same or similar treatments. This made the patient aware of possible side effects prior to the treatment.

Are services well-led?

Our findings

Governance arrangements

The practice owners and practice manager were responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. The practice had a dedicated day each year where they reviewed and updated all the policies and procedures. This was a very effective way to ensure all the policies and procedures were up to date and that staff were all aware of any changes which had been made.

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 effective 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 and infection control.

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

Leadership, openness and transparency

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

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

The practice held staff meetings approximately every two months. These meetings were well minuted for those who were unable to attend. Topics covered at staff meetings included policies, information governance, significant events and training. There were also quarterly clinical

meetings involving the dentists and the dental hygiene therapists. At these meetings specific clinical matters were discussed including techniques, case presentation and materials. The dentists told us that this was an invaluable source of peer review.

The practice also held daily huddles each morning. These were short meetings to make staff members aware of current issues, current waiting times for the individual dentists and who is on holiday. This ensured that if a member of staff was not in on a particular day then their roles and responsibilities could be effectively covered by another member of staff.

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

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection control. We looked at the audits and saw that the practice was performing well. However, where improvements could be made these were identified and followed up.

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 information governance. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

All staff had annual appraisals at which learning needs, general wellbeing, aspirations and their job description 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 annual patient satisfaction surveys. The most recent satisfaction survey included questions relating to whether the patients were aware of the services provided

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by the practice and their opening hours. This survey was conducted because they had recently taken over a local practice and had absorbed a number of patients as a result. The normal patient satisfaction survey includes questions about whether they were seen on time and whether treatments and costs had been discussed. Both of these surveys showed a high level of satisfaction with the quality of the service provided.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said that they would recommend the practice to friends and family.