

Dr Alexander Renshaw

Otley Dental Care

Inspection Report

69 Boroughgate
Otley
LS21 3AE
Tel:01943 462215
Website:www.otleydentalcentre.co.uk

Date of inspection visit: 15 August 2016
Date of publication: 04/10/2016

Overall summary

We carried out an announced comprehensive inspection on 15 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

The practice provides mainly private treatment with some NHS treatment to patients of all ages in the Otley area and beyond.

The dental practice has four treatment rooms based on the ground and first floor. There is a ground floor waiting area and reception area, a decontamination room, staff room/kitchen and office area. There are accessible toilet facilities on the ground floor of the premises. There is public parking nearby and off street parking available outside the dentist practice.

The practice has five dentists, one dental hygienist, five dental nurses, a practice manager and two receptionists.

The practice is open Monday 8:30am to 7pm, Tuesday to Friday 8:30am to 5:30pm and has recently introduced Saturday opening 8:30am-2pm.

The principal dentist is registered with the Care Quality Commission (CQC) 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.

Before the inspection we sent CQC comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 50 patients which all gave positive comments about the care

Summary of findings

and treatment received at the practice. They told us they could access emergency care easily and staff were sensitive to their needs and were particularly good if they were nervous or anxious about treatment.

Our key findings were:

- Patients confirmed that the premises were clean and hygienic.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff were qualified and had received training appropriate to their roles.
- Treatment was provided in line with current best practice guidelines including the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The practice had systems to assess and manage risks to patients, including infection prevention and control and health and safety.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- 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 had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported and comfortable to raise concerns or make suggestions.

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

- Review the management of prescription pads held at the practice and ensure there are systems in place to monitor and track their use.

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 in place to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control.

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. All staff had received annual training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

Equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. We did however suggest a review of the hand scrubbing decontamination process which is sometimes necessary during the decontamination process.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, the autoclave, fire extinguishers, the air compressor and oxygen.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by staff.

There was evidence to demonstrate that staff had attended training in safeguarding patients and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records included information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment promptly.

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

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

No action



Summary of findings

Are services caring?

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

We received feedback from 50 CQC comment cards about the care and treatment they received at the practice. Patients were overwhelmingly positive about the care they received from the practice, felt fully involved in making decisions about their treatment and were listened to.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

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.

No action



Are services responsive to people's needs?

We found that this practice was providing responsive services 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.

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 has made all possible adjustments to enable wheelchair users or patients with limited mobility to access the practice for treatment within the planning constraints they were subject to with a grade 2 listed building when renovating the building in 2012.

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 all staff told us they were supported by the management team.

There were quarterly practice, dental nurse and dental hygienist meetings, which were minuted for those staff unable to attend. Staff told us that these meetings gave them the opportunity to give their views of the service. The partners of the practice met weekly to discuss issues arising.

There were a range of policies and procedures in use at the practice which were easily accessible to staff.

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Key staff held the lead roles for areas such as, infection prevention and control; safeguarding, complaints and they supported the staff to identify and manage risks and helped ensure information was shared with all team members.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

No action



Otley Dental Care

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 took place on the 15 August 2016 and was led by a CQC inspector accompanied by a specialist dental advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During our inspection visit, we reviewed policy documents and staff records. We spoke with seven members of staff, including one of the partners of the practice. We toured the practice and reviewed emergency medicines and equipment.

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 were familiar with the process for accident and incident reporting. Any accidents or incidents were reported to the practice manager and discussed at staff meetings. We reviewed the significant events which had taken place within the last 12 months and these had been well documented, investigated and reflected upon by the dental practice.

The practice manager told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared via email to the appropriate staff and actioned accordingly.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and what notifications need to be made to the CQC.

Staff had an understanding of 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 practice manager knew when and how to notify CQC of incidents which could cause harm. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals in the Leeds area. All of the staff were aware of their responsibility to safeguard people from abuse. All staff were trained to the appropriate level in safeguarding patients.

The practice followed national guidelines on patient safety. For example the dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually

latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered manager or practice co-ordinator.

Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients. This included a wide range of airways and face masks for both adults and children. The practice had an emergency bag which had emergency drugs and equipment needed to meet the needs of each potential emergency.

The practice had a defibrillator (AED) to support staff in a medical emergency. (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 weekly records of checks for emergency equipment and emergency medicines were in place. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. First aid boxes were easily accessible in the practice.

Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is

Are services safe?

on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place.

We looked at the recruitment files of two new members of staff and found they contained appropriate documentation. There was an induction programme for all new staff to ensure they were knowledgeable about practice policies and procedure such as health and safety requirements, practice risk assessments and patient confidentiality.

We saw the dentists were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition the providers public liability insurance covered all employees working in the practice. The provider had indemnity cover for all other clinical members of staff.

Professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control, sharps disposal, emergency medicines and equipment.

The practice carried out a number of risk assessments, these included fire safety, health and safety and water quality risk assessments. The staff could access online Control of Substances Hazardous to Health (COSHH) information specific to the practice, giving staff easy access to COSHH information. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. The plan contained a list of contact numbers for staff and various contractors.

Infection control

The practice had a decontamination room. The room was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

The practice followed the guidance about decontamination and infection prevention and control. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. A dental nurse was the infection control lead and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained. We discussed with the dentist that a long handled brush should be used and the heavy duty gloves be replaced at least weekly. They informed us that these would be put in place.

We saw the infection prevention control audit, which had risk assessed the dental practice and highlighted action to be taken if required. The practice completed six monthly audits and the action plans had been completed. We noted that the infection control lead audited the standard of infection control and decontamination through regular documented spot checks.

Posters about good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms and the decontamination rooms were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control.

The practice had a cleaning check list for each room which was complete. Staff 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. A cleaning company was employed daily to clean the public areas of the building.

We confirmed from CQC comment cards that patients felt the premises were clean and hygienic.

Are services safe?

There were hand washing facilities in the treatment rooms and decontamination room and staff had access to supplies of protective equipment for patients and staff members.

The practice had systems in place for quality testing the decontamination equipment which they completed once a day; we saw records which confirmed these had taken place. The practice had a dedicated decontamination room which had an autoclave and an ultrasonic cleaner (equipment that cleans and sterilises dental instruments and devices). There were sufficient instruments available to ensure the services provided to patients were uninterrupted. Decontamination procedures were carried out in accordance with HTM 01-05 guidance. An instrument transportation system with sealed boxes was implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection.

Staff showed us the decontamination process and were able to demonstrate the work flow in the decontamination area from the 'dirty' to the 'clean' zones. Staff were involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; also the packaging and storing of clean instruments. We looked at a sample of instruments that had been placed in pouches after cleaning and this demonstrated they were clean, free from damage and appropriately dated. Staff wore eye protection and aprons throughout the cleaning stages.

We saw all sharps bins were being used correctly and located appropriately. The practice operated a "safer sharps" policy to reduce the risk of injury to staff and patients.

The practice had completed a Legionella risk assessment and sought external advice regarding the premises. The practice met the Legionella safety guidelines and completed regular water temperature checks. (Legionella is a germ found in the environment which can contaminate water systems in buildings). The practice had taken appropriate action to ensure the safety of the staff and patients.

Equipment and medicines

We saw the practice had an arrangement to check the portable electrical appliances (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We noted the gas safety had also been checked.

There were maintenance contracts in place for the equipment such as the autoclave (a device for sterilising dental and medical instruments), compressor and X-ray equipment.

We saw evidence a fire risk assessment was completed in March 2016 and the fire safety equipment was checked annually. Fire alarms were tested regularly and staff told us they regularly undertook fire drills.

NHS prescription pads were stored securely and prescriptions were stamped at the point of issue to maintain their safe use. We noted however that a record of all prescription pads was not retained by the practice to provide a clear audit trail. The practice manager informed us that this would be put into place with immediate effect. The dentists used the British National Formulary to keep up to date about medicines.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The practice held a small stock of antibiotics. These were stored securely and logs were in place to ensure stock control.

Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment was located in the four treatment rooms. The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

Are services safe?

We saw all staff were up to date with their continuing professional development (CPD) training in respect of dental radiography.

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 dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay, gum disease or oral cancer. This was documented and also discussed with the patient.

The practice had policies and procedures in place for assessing and treating patients. We looked at dental care records. We found they were in accordance with the guidance provided by the FGDP. Records we reviewed showed evidence of consultations with patients and records of soft tissue examinations, diagnosis and a basic periodontal examination (BPE) (a screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums).

We saw patients were asked to complete a full medical history when they joined the practice.

We saw that regular patient record audits were undertaken by the practice manager and any necessary actions discussed individually with each dentist.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

We received feedback from patients during the visit and via CQC comment cards; we also reviewed patient surveys the practice had undertaken. Comments reviewed reflected that patients were satisfied with the staff, assessments, explanations and the quality of the dentistry.

Health promotion & prevention

Dentists were working in accordance with guidance issued in the Public Health England June 2014 publication 'Delivering better oral health: an evidence-based toolkit for

prevention' when providing preventive oral health care and advice to patients. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

We confirmed from patients records that advice was given about their oral health from the dentist. Medical history forms patients completed included questions about smoking and alcohol consumption. The dentist and hygienist told us patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about tooth brushing and prescribed high fluoride toothpastes to help reduce the decay process.

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

Staffing

New staff confirmed they had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation and infection prevention and control.

Staff told us they were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

Working with other services

The practice worked with other professionals 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. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process.

The dentists completed detailed pro formas or referral letters to ensure the specialist service had all the relevant information required. The practice kept a log of all referrals which had been sent. This included a list of when the letter had been sent, when any letters had been received back,

Are services effective?

(for example, treatment is effective)

any further treatment appointments required. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Staff confirmed they ensured 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.

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained.

The dentists told us they ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. They confirmed individual treatment options, risks, benefits and costs were always discussed with each patient. Patients were given time to consider and make choices about which option they preferred.

The practice had a consent policy in place and staff had completed training and were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Feedback commented on how caring and attentive staff were at the practice.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality. Patients' dental care records were stored electronically and in paper form. Computers were password protected and backed up daily to a secure storage, with paper records stored in lockable storage cabinets.

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were being seen.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. 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 displayed costs of treatments in the reception area and on their web site. Costs were also explained to individuals as part of their on going dental care plan.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and that they felt listened to and were satisfied with the information they had received. They confirmed they were made aware of all charges prior to their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and in the practice leaflet.

We looked at the recorded appointments and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this would be the same day. We confirmed that the practice scheduled longer appointments where required if a patient needed more support.

Patients we spoke with and the CQC comment cards confirmed that patients were not rushed during their consultation and were made to feel at ease. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises including hand rails, ramps and an accessible toilet. Treatment areas were accessible and provided in a ground floor treatment room. Level access was available throughout the building.

The staff told us they did not have any patients whose first language was not English, however if required an interpreter service would be sought via the telephone language services.

The practice provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

Access to the service

The practice displayed its opening hours on a display board outside the premises, in the practice information leaflet and on the practice web site.

The practice is open Monday 8:30am to 7pm, Tuesday to Friday 8:30am to 5:30pm and has recently introduced Saturday opening 8:30am-2pm.

Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included sending, telephone, text and email message reminders.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. When the practice was closed patients who required emergency dental care were signposted to an emergency dentist (private patients) or to the NHS 111 (NHS patients). Details for patients about what to do if they have a dental emergency outside normal opening hours was also available in the practice information leaflet, web site and on the front door of the practice.

Concerns & complaints

The practice had a complaints policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patient's satisfaction. We reviewed four complaints made in the last 12 months and confirmed that the practice had responded in line with their complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The practice manager was in charge of the day to day running of the service.

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.

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 exposure to hazardous substances and medical emergencies.

Leadership, openness and transparency

We saw that the practice had weekly meetings with the principal dentists and quarterly structured practice meetings with all staff and additional quarterly meetings for the hygienists, nurses and receptionists. Meetings gave staff an opportunity to openly share information and discuss any concerns or issues. Staff told us this helped them keep up to date with new developments and policies. Staff told us that there was an open culture within the practice which encouraged candour and honesty.

Learning and improvement

The practice had supported staff to access some learning and improvement opportunities. Staff received regular appraisals and were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

There was a rolling programme of clinical and non-clinical audits taking place at the practice. These included infection prevention and control, X-ray quality and record keeping. The practice manager provided individual feedback to staff and discussed the trends and themes at staff meetings, identifying where improvement actions may be needed.

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

Staff told us that information was shared and that their views and comments were sought informally and their ideas listened to. Staff we spoke with said they could raise any concerns about the practice if they needed to.

Annual patient surveys were completed and feedback from patients had resulted in refurbishment of the premises and more flexible access times i.e. Monday evening and Saturday openings were now in place.

Patients were also encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results were analysed each month and shared with staff.