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Toft Road Dental Practice

Inspection Report

Toft Road
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Overall summary

We carried out an announced comprehensive inspection on 9 February 2017 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

Toft Road Dental Practice is located close to the centre of Knutsford. The practice has a reception and waiting

room, three treatment rooms, a decontamination room and patient toilet facilities on the ground floor, and a treatment room on the lower ground floor. Parking is available outside the practice in a private car park. The practice is accessible to patients with disabilities, limited mobility, and to wheelchair users.

There are steps at the front entrance to the practice with handrails positioned alongside to assist patients with limited mobility. The provider has a portable ramp available to facilitate access to the practice for wheelchair users.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday 8.45am to 4.45pm, Tuesday to Thursday 8.45am to 5.30pm, and Friday 8.45am to 4.30pm. The practice is staffed by two principal dentists, an associate dentist, a dental therapist and seven dental nurses.

One of the principal dentists 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.

We received feedback from 46 people during the inspection about the services provided. Patients

Summary of findings

commented that they found the practice excellent, and that staff were professional, friendly, and caring. They said they were always given good explanations about dental treatment, and that the dentists were professional and kind, listened to them and delivered treatment of the highest quality. Patients commented that the practice was clean and comfortable.

Our key findings were:

- The practice had procedures in place to record, analyse and learn from significant events and incidents.
- Staff had received safeguarding training, and knew the processes to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- The premises and equipment were clean and secure.
- Staff followed current infection control guidelines for decontaminating and sterilising instruments.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- Emergency appointments were available.
- Services were planned and delivered to meet the needs of patients.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available, but one emergency medicine was not suitably stored.
- There was evidence of deterioration in the decontamination room fixtures and fittings which did not support good infection control.

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

- Review the storage of refrigerated medicines to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored.
- Review the storage of records related to people employed to ensure they are stored securely.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities, specifically in relation to fire safety.
- Review the practice's infection control procedures and protocols having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the current legionella risk assessment having due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance
- Review the storage of paper dental care records to ensure they are stored securely.
- Review the practice's complaint handling procedures and establish an effective system for recording, investigating and responding to complaints by patients.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The provider had systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, dental radiography, and for investigating and learning from incidents.

Staff were appropriately recruited, suitably trained and skilled.

We found the equipment used in the practice was well maintained and tested at regular intervals.

The premises were secure and cleaned regularly.

There was guidance for staff on the decontamination of dental instruments which they were following but we found that improvements were needed to the decontamination room.

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

The practice had emergency medicines and equipment available. One of the medicines was not stored suitably. Staff were trained in responding to medical emergencies.

The provider had carried out a fire risk assessment but not put all reasonable measures in place to reduce fire safety risks.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients.

Patients' medical history was recorded at their initial visit and updated at subsequent visits. Dentists carried out an assessment of the patient's dental health and monitored changes in it. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved. Patients' consent was obtained before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients.

Patients were referred to other services, where necessary, in a timely manner.

Staff were registered with their professional body, the General Dental Council, where relevant, and were supported in meeting the requirements of their professional regulator. Staff received on-going training to assist them in carrying out their roles.

No action



Are services caring?

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

No action



Summary of findings

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

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

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

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome for the patient.

The provider had taken into account the needs of different groups of people and put adjustments in place. Staff were prompted to be aware of patients' specific needs or medical conditions.

The practice had a complaints policy in place which was displayed in the waiting room. We saw that complaints were not always consistently investigated and responded to.

No action



Are services well-led?

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

The provider had effective systems and processes in place for monitoring and improving services.

The practice had a management structure in place and some of the staff had lead roles. Staff reported that the provider was approachable and helpful, and took account of their views.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely.

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

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate. Improvements were needed to the storage of paper records and staff recruitment records.

No action



Summary of findings

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

Toft Road 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 9 February 2017 and was led by a CQC Inspector assisted by a dental specialist adviser.

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

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

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

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider had systems and processes in place to ensure care and treatment were carried out safely.

We reviewed the practice's procedures for reporting and learning from significant events, accidents and incidents. Staff described examples of those which had occurred. We saw these had been reported and analysed in order to learn from them, and improvements had been put in place to prevent re-occurrence.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report.

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

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza.

Reliable safety systems and processes (including safeguarding)

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

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

The provider had a policy for safeguarding children and vulnerable adults. One of the staff had a lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed in the treatment rooms. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns.

The clinicians were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the clinician at subsequent visits. The dental care records we looked at were well structured and contained sufficient detail. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert. The records were stored securely.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, we reviewed the provider's protocols for root canal treatment.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and life support as a team and this was updated annually. The provider did not have arrangements in place for staff to practice together regularly as a team in simulated emergency situations but staff described to us how they would respond to a variety of medical emergencies. One of the staff was trained in the provision of first aid.

The practice had emergency medicines and equipment available, including an automated external defibrillator (AED), in accordance with the British National Formulary and the Resuscitation Council UK guidance, and the General Dental Council standards for the dental team. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). One emergency medicine was stored in a dedicated fridge for which temperature monitoring was in place. We observed that staff had not taken appropriate action where the recorded temperatures were higher than the maximum storage temperature recommended by the product manufacturer.

We saw records to show that the medicines and equipment were checked regularly to ensure they had not exceeded their expiry dates and that they were functioning correctly.

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

Are services safe?

Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental therapist and dental nurses, to deliver care in the best possible way for patients.

The practice had recruitment procedures in place which reflected the requirements of current legislation. The provider maintained recruitment records for each member of staff. We reviewed the record for the newest member of staff and saw all the required information was present. We also reviewed a number of records for longer term staff and saw these contained, where relevant, evidence of the following; qualifications, registration with their professional body, the General Dental Council, indemnity insurance, and evidence that Disclosure and Barring checks had been carried out.

Staff recruitment and employment records were stored in an unlocked cupboard which would not prevent unauthorised access.

The practice had a comprehensive induction programme in place to familiarise new staff with practice policies and procedures, for example health and safety and patient confidentiality requirements. The most recently recruited member of staff confirmed an induction had taken place and described what was included in it.

Monitoring health and safety and responding to risks

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

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

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

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of sharps. The provider had implemented a safer sharps system for the control of used needles. Sharps containers were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

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

We saw that a fire risk assessment had been carried out in 2013 and reviewed in January 2017. The provider had some arrangements in place to mitigate the risks associated with fire, for example, appropriate signage was displayed and fire-fighting equipment was available. Staff we spoke to were not familiar with the evacuation procedure and fire drills were not carried out.

Infection control

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

One member of staff had a lead role for infection prevention and control and provided guidance to staff where required.

Staff undertook infection prevention and control audits six monthly. Actions were identified in the audits, and we saw that these had been carried out.

Are services safe?

The practice had a dedicated decontamination room; however current security arrangements would not prevent access to unauthorised persons. We observed that the door was left open at all times during the inspection allowing easy access to unauthorised persons.

The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. We observed that some of the surfaces in the decontamination room were damaged and no longer prevented ingress of fluids and steam.

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

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01-05 Decontamination in primary care dental practices, (HTM 01-05). Staff used sealed containers to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising and packaging of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process.

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

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

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

The provider had had a Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The assessment had not been reviewed within the recommended time interval. Actions to reduce the

likelihood of Legionella developing were identified in the assessment and staff had carried these out, for example, we saw records of checks on water temperatures. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

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

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. The practice largely followed current HTM 01-05 guidance on cleaning. Cleaning equipment was not stored appropriately.

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

Equipment and medicines

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

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

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

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

Are services safe?

We saw that the practice was storing NHS prescription pads securely and maintaining records for all prescriptions issued and void in accordance with current guidance. Private prescriptions were printed out when required following assessment of the patient.

Radiography (X-rays)

We saw that the provider was acting in compliance with the Ionising Radiations Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000, current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

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

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.

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

Records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with GDC recommendations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out assessments, and treatment in line with current guidance and standards, including the National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice guidelines, and General Dental Council standards. Patients completed a medical history form with details of their health which enabled clinicians to identify specific oral health needs. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

We checked dental care records to confirm what was described to us.

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

Health promotion and prevention

We saw that staff adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. Clinicians gave tailored preventive dental advice, and information on diet and lifestyle to patients to improve their health outcomes. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

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

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

The provider did not carry out formal staff appraisals but staff we spoke to confirmed they were able to discuss training needs and work related issues with the provider on an informal basis anytime.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. Registration requires dental

professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. Training provided for staff included the General Dental Council core topics, health and safety, and a variety of generic and role specific topics. The provider monitored training to ensure essential training was completed each year. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

Working with other services

We reviewed the practice's arrangements for working with other health professionals. Clinicians referred patients to a variety of secondary care and specialist options if the treatment required was not provided by the practice, not within their competencies, or in response to patient preference.

Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines. Referral outcome letters were first seen by the dentists to see if any action was required and then stored in the patient's dental care records.

We saw examples of internal referrals, for example, to the dental therapist, and these followed recognised guidelines.

Consent to care and treatment

The dentists described how they obtained valid, informed, consent from patients by explaining their findings to them. These discussions were supported with treatment and cost information for patients in a variety of formats, for example leaflets and visual displays.

Patients were given a treatment plan after assessments, and prior to commencing dental treatment. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the type of treatment, including the

Are services effective?

(for example, treatment is effective)

alternative options, risks, benefits, and costs. We saw this confirmed in the treatment plans we looked at. Patients confirmed in CQC comment cards that dentists were clear about treatment needs and options.

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

The dentists told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was

undertaken. The dentists demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment). Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring, and helpful. The practice had a separate room available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area, and we saw that the doors were closed at all times when patients were with the dentists. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards that staff put them at ease.

We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Involvement in decisions about care and treatment

The dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The practice provided a comfortable environment. The provider had a maintenance programme in place to ensure the practice was maintained on an on-going basis.

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

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

We saw that the provider gathered the views of patients when planning and delivering the service via occasional patient surveys, for example, the provider had consulted patients in relation to the practice opening times.

Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English, and put reasonable adjustments in place to ensure these needs were met.

The practice was accessible to people with disabilities, impaired mobility, and to wheelchair users. Parking was available outside the premises. The provider had a ramp

available to facilitate access to the practice for wheelchair users. Staff provided assistance should patients require it. The waiting room, reception, and three of the treatment rooms, were situated on the ground floor.

Hand rails were available alongside the path to assist patients with mobility difficulties.

Toilet facilities were situated on the ground floor and were accessible to people with disabilities and impaired mobility.

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

Access to the service

We saw that patients could access treatment and care in a timely way.

The practice opening hours but not the 'out of hours' appointment information, were displayed, however this information was recorded on the practice's telephone answering machine. Emergency appointments were available daily.

Concerns and complaints

The practice had a complaints policy and procedure which was displayed in the waiting room. We saw that complaints were not always consistently investigated and responded to. 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.

Are services well-led?

Our findings

Governance arrangements

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

The provider had implemented a range of policies and procedures to guide staff in the performance of their duties. We saw that policies, procedures and risk assessments were not consistently and regularly reviewed to ensure they were up to date with regulations and guidance.

The provider had arrangements in place to ensure risks were identified and managed and had put measures in place to mitigate risks.

The provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback and carrying out audits, beyond the mandatory audits for infection control and X-rays.

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

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and electronically. Paper records were stored on open shelves which would not prevent unauthorised access. Electronic records were maintained securely and data was backed up appropriately.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service for staff.

The practice held staff meetings and used these to exchange information and ideas. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding.

The provider did not have a system in place to support communication about the quality and safety of the service to patients, for example, by displaying the results from the NHS Friends and Family Test to inform patients.

The practice was managed by the provider and some staff had lead roles, for example, there were lead roles for infection prevention and control, and safeguarding. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities. Staff were aware of their own competencies, skills, and abilities.

The provider operated an open door policy. Staff said they could speak to the manager or provider if they had any concerns, and that both were approachable and helpful. Staff confirmed their colleagues were supportive.

Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery. Audits we reviewed included X-rays, infection prevention and control and record keeping. Where appropriate, audits had identified actions, and we saw that these had been carried out.

The provider gathered information on the quality of care from a range of sources, including patient feedback, and the NHS Family and Friends Test and used this to evaluate and improve the service. Staff told us that patients were always able to provide verbal feedback, and this was captured by the practice.

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

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

We saw that people who used the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, and carried out patient surveys, and looked at the results to identify areas for improvement. A suggestion box for patient comments was also available in the waiting room.

The provider made the NHS Friends and Family Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

Are services well-led?

We saw that the provider acted on patient feedback, for example, patients had requested handrails to assist with mobility difficulties and the provider had installed these in response.

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