

IDH Limited

The Orthodontic Centre

Inspection Report

The Orthodontic Centre

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Overall summary

We carried out an announced comprehensive inspection on 27 September 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 Orthodontic Centre is part of the IDH group and is located in central Doncaster. It provides specialist NHS and private orthodontic care to children and adults. It consists of a team of Specialist Orthodontists supported by orthodontic therapists a dental hygienist and orthodontic dental nurses. The practice is visited by an implantologist twice a month.

The practice has a large reception and waiting area on the ground floor, staff changing facilities, an office, a private treatment planning room and a small kitchen. There are two surgeries on the first floor, one of which has six dental chairs, two further offices, a decontamination and sterilisation room and a separate room for the Orthopantomogram (OPG) machine (an OPG machine produces a panoramic scanning dental X-ray of the upper and lower jaw). On the second floor there is a three chair surgery and a large staff area with kitchen facilities.

There are two specialist Orthodontists, three orthodontic therapists, one dental hygienist, 18 dental nurses, a decontamination assistant, a lead receptionist, a treatment co-ordinator and a practice manager. The regional regulatory officer was also present during the inspection.

The practice is open between the hours of 8:15am and 7:30pm; opening and closing hours varying from day to day throughout the week.

Summary of findings

The practice manager 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.

On the day of inspection we received 40 CQC comment cards providing feedback and we spoke with two patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very pleasant and helpful, the practice had a happy and safe environment; staff were friendly and communicated well. Patients commented they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice was visibly clean and uncluttered.
- 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.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The Orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS).
- Orthodontic treatment was well planned and provided in line with current guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the staff's awareness of the use of medical emergency oxygen.
- Review the staff's awareness on the Mental Capacity Act 2005, Gillick competence and Caldicott principles.
- Review the practices record keeping procedures to bring them in line with British Orthodontic Society (BOS) guidelines.
- Review the practices procedures for the recording and the justification of radiographic requirements to bring them in line with the National Radiological Protection Board (NRPB) guidelines.

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 and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. Some staff members were unsure of how to use the medical oxygen cylinder should a medical emergency arise.

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 patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team. Some staff members were unsure of the Mental Capacity Act and Gillick competence.

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

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

We reviewed the legionella risk assessment October 2014. Evidence of regular water testing was being carried out in accordance with the assessment by the practice and the building management team.

No action



Are services effective?

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

Consultations were carried out in line with guidance from the British Orthodontic Society (BOS). Patients received a comprehensive assessment of their orthodontic and dental needs. Treatment plans were explained to patients in a way they understood and risks, benefits, options and costs were explained. The practice liaised with the referring dentist to ensure patients dental health was maintained throughout treatment.

Patient dental care records provided contemporaneous information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options and consent. A requirement to improve certain areas in record keeping had been identified during a recent audit. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

No action



Summary of findings

The practice followed guidelines when delivering dental care but recording and justification could be improved in some areas. 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) and the National Radiological Protection Board (NRPB).

Staff were encouraged and supported 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 professional development (CPD).

Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 40 responses all of which were very positive, with patients stating they felt listened to and received a friendly professional service.

Staff explained that enough time was allocated in order to ensure treatment was fully explained to patients in a way that patients understood. Time was given to patients with complex orthodontic treatment need to decide which treatment they preferred. Dental care records were kept securely in locked cabinets and computers were password protected. Some staff members were unaware of the practice Caldicott principles.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

No action



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. The registered manager told us that patients would be seen the same day if there was an emergency. Out of working hours, patients would be seen by the emergency service provided by their own general dental practice.

Communication throughout the practice was effective, the process of information dissemination by e-mail and practice meetings ensured all staff remained up to date.

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.

Patients had access to telephone interpreter services when required and the practice provided patient toilet facilities and a range of aids for different disabilities such as a hearing loop and hand rails.

No action



Summary of findings

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.

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

The practice conducted patient satisfaction surveys, and there was a comments box in the waiting room for patients to make suggestions to the practice.

Staff were encouraged to share ideas and feedback during monthly and peer group meetings and as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

We saw evidence of teamwork, professionalism and dedication within the practice.

No action



The Orthodontic Centre

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.

During the inspection we spoke with one specialist Orthodontist, four dental nurses, one receptionist, the

decontamination assistant, the practice manager and the area regulatory officer. 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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

We saw the practice had an accident book which had two sharps injuries recorded within the last year. There was evidence of learning and an action plan in place, the practice manager had also conducted a trend analysis audit. We reviewed a comprehensive significant event folder, in which supporting evidence showed investigation and learning outcomes had been addressed.

The practice had 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. There was a robust process in place to ensure that incidents, lessons learnt and MHRA alerts reached staff returning from absence.

Reliable safety systems and processes (including safeguarding)

We reviewed the child and adult safeguarding policies and procedures were in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The practice manager was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy kept within the staff room.

Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

We spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system had been implemented within the practice and we saw a sharps policy and risk assessment in place.

The practice had a whistleblowing policy and all staff had completed relevant training. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

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 had completed theoretical and practical scenario training in emergency resuscitation and basic life support within the last 12 months. We discussed the physical use of the medical emergency oxygen cylinder and found some staff to be unsure of how to use it. We highlighted this to the practice manager and were assured that refresher training would be carried out.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. 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 and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

Staff recruitment

The practice had a recruitment policy in place and this process had been followed when employing new staff. This included obtaining proof of their identity, checking their

Are services safe?

skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the two newest staff members' recruitment file which confirmed the processes had been followed. All personal information was stored securely in the main office.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS 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.

The recruitment files we reviewed showed clinical staff had evidence to support their immunisation status. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines in the UK).

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had a comprehensive risk assessments file to cover the health and safety concerns that arise in providing orthodontic services and those that were particular to the practice. The practice had a Health and Safety policy dated July 2016 which was updated annually and was reviewed and by all staff.

The practice had maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. 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. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had been a fire risk assessment completed for the premises in Jan 2012. We saw as part of the checks

by the team the smoke alarms were tested weekly and the fire extinguishers were checked weekly serviced annually. A fire drill had been undertaken in August 2016, five members of staff had completed training to be a fire marshal. We saw documentation to support that the practice manager checked means of escape, daily. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

There was an infection prevention and control policy dated Jan 2016, which included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with the decontamination assistant and dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the decontamination assistant to ensure the sterilisers were in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The decontamination assistant and nurses we spoke to were well-informed about the decontamination process and demonstrated correct procedures. For example, instruments were transported in a colour coded container directly from the surgery into the decontamination room via a hatch. Instruments were placed directly into the washer disinfectant for a cleaning cycle. Instruments were then inspected under light magnification before being placed in a validated autoclave (a device for sterilising dental and medical instruments). Instruments were dried and stored in a date stamped bag and returned to the treatment room in a 'clean' colour coded box.

The practice had carried out a site specific Infection Prevention Society (IPS) self-assessment audit relating to the Department of Health's guidance on decontamination

Are services safe?

in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The practice had a dedicated legionella lead and records showed the practice had completed a Legionella risk assessment in October 2014. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session, the use of purified water and monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that clinical waste was collected on a weekly basis.

The building had a contracted cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow the National Patient Safety Agency guidance. We saw records of a recent cleaning audit to monitor the cleanliness of the practice.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment and X-ray machines in June 2016 and Portable Appliance Testing (PAT) in October 2015. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure 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 the X-ray rooms and within the radiation protection folder for staff to reference if needed. We found that OPGs (an OPG machine produces a panoramic scanning dental X-ray of the upper and lower jaw) were graded but justification and reporting was poor and could be improved. The practice manager had recently identified this and assured us that it would be addressed without delay.

Intra-oral and extra-oral X-ray audits were carried out by the practice every six months, the latest carried out August 2016. The audit results were not found to be in line with the National Radiological Protection Board (NRPB) guidance. We saw that action plans and learning outcomes were present and improvements to grading and justification was identified. All staff were up to date with their continuing professional development 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 dental care records. They contained information about the patient's current orthodontic needs and past dental history. The specialist Orthodontist carried out assessments in line with recognised guidance from the British Orthodontic Society (BOS). This included an assessment of the patient's oral hygiene, diet and an Index of Orthodontic Treatment Need (IOTN). An IOTN score comprises of two sections, an aesthetic component and a dental health component. For patients to qualify for orthodontics on the NHS they must score above a certain level of IOTN. Patients were recalled at suitable intervals for reviews and treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure the patient was complying with the post-orthodontic care (wearing retainers).

Once the patient and specialist Orthodontist were satisfied with the end result of the treatment the patient was referred back to their own general dentist for ongoing dental care.

There was evidence the patient dental care records had been audited in August 2016 to ensure they complied with the guidance provided by the BOS. Improvement needs had been identified during the audit and were planned to be addressed. For example, X-rays were not always reported upon and justified; hard tissue and periodontal exam results were not always recorded. A practice specific written consent form was used describing the treatment plan, advantages, disadvantages and risk.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the fees for private specialist Orthodontic treatment.

We saw evidence in the dental care records that the practice was aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit. Orthodontic

nurses would deliver oral health advice and instruction to patients' with poor oral health. Smoking, alcohol and diet advice was also recorded. Fluoride toothpaste and mouthwash was available to purchase if required.

Patients were given in-depth advice regarding maintaining good oral health whilst wearing fixed braces and leaflets were given to reinforce oral health messages.

The practice had a varied selection of oral health leaflets available and a good selection of dental products was on sale in the reception area to assist patients with their oral health.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had very good access to on-going training to support and advance their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). 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 manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked mainly on referrals from general dentists, for example, referrals were received from general dentists who deemed patients in need of specialist orthodontic treatment. If a patient did not meet the criteria for IOTN, private orthodontic treatment would be discussed. The practice kept copies of the referral letters received from the general dentist. Patients were referred back their own dentist if dental decay was found and if the patient had been assessed and were thought to require extra specialisation then these patients were referred onto secondary care.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

Some staff we spoke to were not clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of

Gillick competence, this was brought to the attention of the practice manager and we were assured that refresher training would be carried. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Other staff were able to describe to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was very positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and 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.

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet in accordance with the Data Protection Act. We asked several staff members of their awareness of the Caldicott principles and found that staff were unsure. We brought this to the attention of the practice manager and we were assured that refresher training would be arranged. (Caldicott is a governance review from the Department of Health focussing on how information about individuals is shared across the health care system).

The practice had a selection of magazines, patient information leaflets and a television in the waiting room. The waiting room also had an electronic booking in system for to ease waiting times for patients at the reception desk.

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.

Staff told us how the specialist Orthodontist would provide treatment options including benefits and possible risks of each option.

Posters showing private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

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 observed the busy clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website. The information leaflet included details of the staff, opening hours and practice information. The practice's website provided patients with information about the range of treatments which were available at the practice.

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 some mobility difficulties. As all treatment rooms were above ground floor level, not all patients could be referred to this practice. In this instance, the patients' dentist would refer to an alternative orthodontic clinic with ground floor treatment facilities.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

The opening hours are:

Monday - Wednesday 08:00 – 16:30

Thursday 08:00 – 19:30

Friday 08:00 – 16:30

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. Patients requiring urgent dental care when the practice was closed were advised to contact their own general dentist.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

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 three working days and providing a formal response within 20 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

The practice had received two complaints in the last 12 months. We reviewed the complaint and saw they had been responded to in line with the practice's policy. This included acknowledging the complaint and providing a formal response and discussing the complaints during staff meeting to learn and prevent future complaints.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. This was also logged through an online portal so incident reporting and sharing of information could happen throughout all the locations.

The practice had an 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 the use of equipment and infection prevention and control was person and site specific and reviewed annually.

The practice had detailed governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy and an infection prevention and control policy. Staff were aware of their roles and responsibilities within the practice.

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

Leadership, openness and transparency

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

The practice held monthly staff meetings involving all staff members, dental nurse meetings and reception meetings were held monthly and clinical meetings were held every two months. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

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 prevention and control.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. 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 and aspirations 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 and a comment card in the waiting rooms. The satisfaction survey included questions about the patients' overall satisfaction, the cleanliness of the premises, accessibility and length of time waiting. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online, text and using the suggestion boxes in the waiting rooms. Patients were also encouraged to complete the 'My Dentist' and NHS Friends and Family Test (FFT). The FFT is a national programme to allow patients to provide feedback on the services provided.