Miss Penelope Sargent

P Sargent Dental Surgery

Inspection Report

34 Sandford Road
Bromley
Kent
BR2 9AW
Tel: 020 8464 0379
Website: NA

Date of inspection visit: 21 April 2016
Date of publication: 13/05/2016

Overall summary

We carried out an announced comprehensive inspection on 21 April 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

P Sargent Dental Surgery is a dental practice located in the London Borough of Bromley. The premises are situated in a purpose-built single-storey building, adjacent to a residential building. There is one treatment room with a decontamination area, a reception room and a patient toilet on the ground floor.

The practice provides NHS and private services to adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, extractions, and crowns and bridges.

The staff structure of the practice consists of a principal dentist, three dental nurses and a receptionist.

The practice opening hours are from 9.00am to 1.00pm on Monday, from 9.00am to 8.00pm on Tuesday, from 9.00am to 5.30pm on Wednesday and Thursday and from 8.30am to 12:30pm on Saturday.

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.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Summary of findings

Twenty-two people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff knew how to report incidents and forms were available to keep a record of any incident which could be used by the practice for shared learning.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's infection control procedures and protocols giving 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'.

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 systems in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography.

We found the equipment used in the practice was well maintained and checked for effectiveness. However, improvements could be made in monitoring of products requiring refrigeration and in ensuring all equipment needed for responding to medical emergencies had been kept at the practice. The principal dentist responded promptly to our feedback around these topics and sent us confirmation via email, after the inspection, that these issues had been addressed.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were meeting all of the training requirements of the General Dental Council (GDC). Staff had received appraisals within the past year to discuss their role and identify additional training needs.

Are services caring?

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

The practice provided clear, written information at the practice which supported people to make decisions about their care and treatment. The principal dentist also demonstrated that they provided people with explanations about the risks and benefits of different treatments. These conversations were documented in patients' dental care records. This supported people to be involved in making their own choices and decisions about their dental care.

We received positive feedback from patients. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. The culture of the practice promoted equality of access for all. The practice was wheelchair accessible with the treatment room situated on the ground floor.

Summary of findings

There was a complaints policy in place. One complaint had been recorded and appropriately investigated within the past year. Patient feedback, through the use of an annual patient satisfaction survey, was used to monitor the quality of the service provided.

Are services well-led?

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

The practice had clinical governance and risk management structures in place. These were well maintained and disseminated effectively to all members of staff. A system of audits was used to monitor and improve performance. There were some areas where risk management processes could be improved. This included improving record keeping for staff by obtaining proof of identity for all members of staff. We also found that, although a system of audits was used to monitor and improve the performance of the practice, infection control audits needed to be carried out more frequently, in line with published guidance. The principal dentist told us that they would take action on these issues.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the principal dentist to address any issues as they arose.

P Sargent Dental Surgery

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 21 April 2016. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with three members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. One of the dental nurses demonstrated how they carried out decontamination procedures of dental instruments.

Twenty-two people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was a system in place for reporting and learning from incidents. There had not been any significant events related to patients in the past year. There was a written policy which described what types of events might need to be recorded and investigated.

We discussed the investigation of incidents with the principal dentist and one of the dental nurses. They told us that they were committed to operating in an open and transparent manner. Patients would be told if they were affected by something that went wrong; they would investigate any such incidents, offer an apology to patients, and inform them of any actions that were taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was an accidents reporting book. No accidents had occurred within the past year.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for child and adult safeguarding. They were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable elderly patients who presented with dementia.

The practice had a well-designed safeguarding policy which referred to national guidance. Information about the local authority contacts for safeguarding concerns were kept behind the reception desk. The staff we spoke with were aware of the location of this information. There was evidence in the training records for all members of staff that they had been trained in safeguarding children and adults to an appropriate level.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. There was a written protocol for staff to follow in the event that they did experience a needle stick injury. The practice also followed a protocol to minimise needle stick injuries during the administration of local anaesthetics whereby the dentist used a 'safer sharps' system where a sliding, protective sheath covered the needle between use, and also during disposal of the syringe. There was a written, risk assessment describing the protocol for handling and disposing of sharps and it was clear that this was the dentist's responsibility. Staff were aware of this protocol and were following it.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments 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. Rubber dam should be used when endodontic treatment is being provided. On the 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).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. The practice had an automated external defibrillator (AED), oxygen and other related items, such as manual breathing aids and portable suction. However, improvements could be made to ensure additional sizes of the oropharyngeal airways equipment were available, in line with the Resuscitation Council UK guidelines. The principal dentist told us that such items would now be ordered. (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). ,

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen in a location known to all staff.

Staff recruitment

The staff structure of the practice consists of a principal dentist, three dental nurses and a receptionist.

There was a recruitment policy in place which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review

of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We checked the staff records and saw that the majority of relevant documents had been obtained prior to employment. However, the practice had not obtained and kept a record confirming proof of identity for each staff member. The principal dentist sent us confirmation via email, after the inspection, that such information had been obtained and recorded.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment and periodically thereafter. We saw evidence that all members of staff had a DBS check. (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).

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced.

There was a business continuity plan in place. There was an arrangement in place to direct patients to other local practices for emergency appointments in the event that the practice's own premises became unfit for use. Key contacts in the local area were kept up to date in the plan for reference purposes in the event that a maintenance problem occurred at the premises.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to minimise identified risks. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The principal dentist was the infection control lead. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste.

We observed that the premises appeared clean and tidy. Clear zoning demarked clean from dirty areas in the treatment rooms. Hand-washing facilities were available, including wall-mounted liquid soap, hand gels and paper towels in the treatment room, decontamination room and toilet. Hand-washing protocols were also displayed appropriately in various areas of the practice.

We asked one of the dental nurses to describe to us the end-to-end process of infection control procedures at the practice. The protocols demonstrated that the practice was following the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. We saw that there were written guidelines for staff to follow for ensuring that the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

We checked the contents of the drawers in the treatment rooms. These were well stocked, clean, ordered and free from clutter. Instruments were pouched or otherwise covered. It was obvious which items were for single use and these items were clearly new. The treatment room had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice manager described the method they used which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by an external contractor in January 2013. The practice was following recommendations to reduce the risk of Legionella, for example, through the regular testing of the water temperatures. A record was kept of the outcome of these checks on a monthly basis.

The practice used a decontamination area in the treatment room for instrument processing. In accordance with HTM

Are services safe?

01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment area and the decontamination area which ensured the risk of infection spread was minimised. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Instruments were cleaned in a washer disinfector. Instruments were then inspected under a light magnification device. Following this, the instruments were placed in an autoclave (steriliser). When instruments had been sterilized, they were placed in trays for immediate use, or pouched and stored appropriately, until required. All of the pouches we checked had a date of sterilisation and an expiry date.

However, we noted that the instruments that had been placed in trays prior to use in the treatment room were not covered or stored in appropriate racking inside a cupboard. We also observed that other items, such as mirrors and probes were stored in open trays within the surgery environment. Therefore, there was some risk of exposure to aerosol contamination from the treatment area before they were used. This was not in line with the HTM 01-05 guidance. We discussed this with the principal dentist who assured us that items placed in trays would now be covered prior to use.

We saw that there were systems in place to ensure that the autoclave and washer disinfector were working effectively. These included, for example, the automatic control test and protein residue test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location outside the practice prior to collection by the contractor. Waste consignment notices were available for inspection. Environmental cleaning was carried out using cleaning equipment in accordance with the national colour coding scheme.

Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. (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 blood borne infections.) We noted that the vaccination record for one of the dental nurses was incomplete. The principal dentist followed this up after the inspection and sent us confirmation via email confirming this nurse's immune status.

The practice had carried out annual practice-wide infection control audit with the last one having taken place in May 2015. HTM 01-05 guidance recommends that infection control audits are undertaken every six months. We spoke with the principal dentist and they confirmed that audits would now be carried out on a six-monthly basis.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) had been completed in accordance with good practice guidance in 2016. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The expiry dates of medicines, oxygen and equipment were monitored using monthly check sheets which enabled the staff to replace out-of-date drugs and equipment promptly.

Dental care products requiring refrigeration, such as adhesives used for bridge work, were stored in a fridge in line with the manufacturer's guidance. The practice also stored glucagon, for use in medical emergencies, in the fridge. The practice had monitored the temperature of the fridge on a weekly basis. However, a daily check of the minimum and maximum temperatures had not taken place and therefore the practice could not be assured that products had been consistently stored within the correct temperature range. We discussed this with the principal dentist. They confirmed with us via email, two days after the inspection, that they had sought guidance from the

manufacturers of the refrigerated products. They had taken appropriate action, for example, by using reduced expiry dates or disposing of the stock, to ensure that all products used from the fridge were effective and fit for use.

Radiography (X-rays)

There was a radiation protection file in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for the X-ray set along with the three-yearly maintenance logs and a copy of the local rules. We also saw evidence that staff had completed radiography and radiation protection training. Audits on X-ray quality were undertaken at regular intervals.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principal dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. They described to us how they carried out their assessments. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included details of the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

We checked a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums were noted using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The principal dentist told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. They were aware of the need to discuss a general preventive agenda with their patients and referred to the advice supplied in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. (This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). They told us they held discussions with their patients, where appropriate, around smoking cessation and sensible alcohol use. They also carried out examinations to check for the early signs of oral cancer.

We observed that there were health promotion materials displayed in the waiting area and treatment room. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

Staff told us they received appropriate professional development and training. We checked the records for all members of staff and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, infection control, safeguarding and radiography and radiation protection training.

The dental nurses told us they had been well supervised by the principal dentist. The staff records showed that all of the staff had attended yearly appraisal meetings. This provided staff with an opportunity to discuss their current performance, as well as their career aspirations. There was also an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

The principal dentist explained how they worked with other services, when required. The dentist was able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for more complicated extractions, orthodontic treatments and implants. There were also robust systems in place for referring patients to hospital consultants, for example, using a fast-track service for patients with a suspected case of cancer.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent to the hospital with full details of the

Are services effective?

(for example, treatment is effective)

dentist's findings and a copy was stored on the practices' records system. A copy of the referral letter was routinely given to patients. The practice monitored the progress of referrals using a log book. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post-procedure care.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke to the principal dentist about their understanding of consent. They explained that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Patients were asked to sign formal, written consent forms for specific treatments.

All of the staff members were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff had completed formal training in relation to the MCA in 2016. The principal dentist was able to describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The feedback we received from patients was positive and referred to the staff's caring and helpful attitude. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. Patients who felt they were nervous about dental treatment indicated that their dentist was calm, worked with them, listened to their concerns, and gave them reassurance throughout the processes of the dental treatments.

Staff were aware of the importance of protecting patients' privacy and dignity. For example, the treatment room door was closed at all times when patients were having treatment.

Staff understood the importance of data protection and confidentiality and had received training in information governance. Staff were asked to review and agree to a confidentiality protocol. They were careful not to discuss issues concerning individual patients in the reception area.

Patients' dental care records were stored in both paper and electronic formats. Records stored on the computer were password protected and regularly backed up. Paper records were stored in locked filing cabinets and were not left unattended in the reception area.

Involvement in decisions about care and treatment

The practice displayed information in the reception area which gave details of the NHS and private dental charges or fees. Information about the practice and its range of services was also available in an information leaflet in the reception area.

We spoke with the principal dentist and two of the dental nurses on the day of our inspection. They told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the dental care records that the dentist recorded the information they had provided to patients about their treatment and the options open to them. The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. Some treatments had standardised timings, but the principal dentist could determine the length of time needed treatments depending on their knowledge of each patient's needs. The feedback we received from patients indicated that they felt they had enough time with the dentist and were not rushed.

One of the dental nurses, who also worked as a receptionist, told us that patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including opening hours and guides to different types of dental treatments. New patients were given a practice leaflet which included advice about appointments, opening hours and the types of services that were on offer.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. There was an equality and diversity policy which staff were following.

The premises were purpose built and fully wheelchair accessible, with level access at the entrance and the treatment room situated on the ground floor. There was also a disabled toilet.

Access to the service

The practice opening hours are from 9.00am to 1.00pm on Monday, from 9.00am to 8.00pm on Tuesday, from 9.00am to 17.30pm on Wednesday and Thursday and from 8.30am to 12:30pm on Saturday.

We asked the principal dentist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. Additionally, there were emergency treatment slots set aside in the morning and in the afternoon for people who needed urgent treatment on the same day.

One of the dental nurses, who also worked as a receptionist, told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns. The feedback we received via comments cards confirmed that patients had good access to the dentist in the event of needing emergency treatment.

Concerns & complaints

Information about how to make a complaint was displayed in a patient leaflet and on a notice board in the waiting area. Patients were directed to ask the staff at the reception desk for further information about how to complain. We viewed a copy of the complaints policy and saw that it described how the practice handled formal and informal complaints from patients. There had been one complaint recorded in the past year. We saw that these had been investigated and responded to in line with the practice policy.

Patients were invited to give feedback through an annual patient satisfaction survey with the most recent having been carried out in 2015. Patients could also provide feedback through the NHS 'Friends and Family' test. We reviewed the information received from these two sources. The information collected demonstrated that patients were highly satisfied with their care.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a clear management structure. There were arrangements for identifying, recording and managing risks through the use of risk assessment processes. There were relevant policies and procedures in place. Staff were aware of these and acted in line with them. Records related to patient care and treatments were well maintained.

Practice staff told us they met informally every day to discuss any concerns. They also held a formal meeting on an annual basis where key governance issues were discussed and policies and protocols were reviewed. There were formal staff meetings every other month to discuss key governance issues. We checked the minutes from these meetings over the past three years. We saw that topics such as staff training, safeguarding, complaints, responding to medical emergencies, and patient feedback were discussed.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so.

We found staff to be hard working, caring and committed to their work and overall there was a strong sense that staff worked together as a team. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard. Notes from these appraisals also demonstrated that they identified staff's training and career goals.

Learning and improvement

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping, and X-ray quality. The principal dentist demonstrated how the outcome of these audits had been used to improve the quality of the service. For example, the outcome of the clinical record keeping audit had identified the need to improve the discussion and recording of health promotion advice. The re-audit in the following year demonstrated that improvements had been made.

However, the practice could further improve through the use of a more frequent infection control audit on a six-monthly basis, in line with HTM 01-05 guidance. We observed some issues concerning the storage of dental instruments on the day of the inspection, which could have been identified during an audit. We also noted that the annual X-ray audit covered bitewing X-rays only. This audit could be strengthened through the inclusion of periapical X-rays. We brought these issues to the attention of the principal dentist and were assured that the audit plans would be revised accordingly.

Staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

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

The practice gathered feedback from patients through the use of an annual patient satisfaction survey, as well as through the NHS 'Friends and Family' Test. The feedback from these sources was positive and indicated a high level of satisfaction with care.

The dental nurses we spoke with told us the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.