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Bramley Dental Practice - Main Street

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 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

Bramley Dental Practice is located in Bramley, Rotherham and provides NHS and private treatments to adults and children, which includes dental implants and cosmetic dentistry. The practice is a foundation dentist training practice.

Access for wheelchair users and pushchairs is via a portable ramp into the reception area. Car parking spaces are available near the practice.

The dental team is comprised of eight dentists (one is a foundation training dentist), eight dental nurses (five are trainee dental nurses), one dental hygienist, one dental hygiene therapist, two practice managers and three receptionists. There are five treatment rooms and an unused X-ray room. The practice has been extended over the years and has a separate annex building approximately 25yds away, in which are two further treatment rooms and the instrument decontamination room.

Summary of findings

On the day of inspection we received 25 CQC comment cards providing positive feedback and we spoke with four patients.

The practice is open: Monday and Tuesday 9:15am - 6:00pm, Wednesday to Thursday 9:15am -5:00pm. Friday 9:00am – 1:00pm

There is no current member of staff registered as a manager at this practice. 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 saw evidence which confirmed that registration was in progress.

Our key findings were:

- The practice appeared clean but was cluttered due to space limitations.
- Infection control procedures were effective but the process for the transportation of contaminated instruments required improvement.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice had systems in place to manage risk but some processes required improvement.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Safe recruitment of staff was in place.
- Emergency equipment was in place and staff were trained to respond to medical emergencies.

- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems required improvement.
- The practice sought feedback from staff and patients about the services they provided but could be improved.
- Complaints were responded to in an efficient and responsive manner.

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

- Review the practice's Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) policy and embed it within the practice to bring it in line with current regulations.
- Review the security and storage of dental care records to comply with the Data Protection Act.
- Review the current fire assessment and complete the actions identified to mitigate the escape risk and embed fire safety within the practice.
- Review the security of prescription pads and ensure there are systems in place to monitor and track their use.
- Review the process for assessing X-ray quality to ensure they are in line with the National Radiological Protection Board and IR(ME)R 2000 regulations.
- Review the practice's process for the tracking of external referrals.
- Review staff knowledge of the Mental Capacity Act and Gillick competency and provide refresher training.

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 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.

A process for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) was not in place or embedded.

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.

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

The process involving the use of prescriptions and security required improvement to monitor and track their use.

There was no lone working policy or latex policy in place to protect staff and patients.

The process involving the transportation of contaminated dental instruments required a risk assessment and improvement to minimise risk to staff and public.

The process involving filing and locating dental care records required risk assessment and review in relation to staff safety.

We found no COSHH risk assessments for the materials used for cleaning the practice.

We reviewed the legionella risk assessment dated March 2016. Evidence of regular water testing was being carried out in accordance with the assessment.

Fire safety assessment recommendations were not followed effectively and storage of equipment was a fire safety concern.

No action



Are services effective?

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

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

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

No action



Summary of findings

The process involving the provision of dental implants was in line with best practice.

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).

Some staff were unfamiliar with the Mental Capacity Act and Gillick competency and required refresher training.

The practice liaised with the external referring practitioners effectively to keep them informed of treatment decisions which had been made and also any after care which would be required.

Are services caring?

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

Patients we spoke with 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 25 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

We saw that the storage and security of dental care records required improvement to comply with the Data Protection Act.

Computers were password protected.

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 dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

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

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

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.

The practice had taken into account the needs of different groups of people and put reasonable adjustments in place, for example, people with disabilities, wheelchair users, and patients whose first language was not English.

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 defined management structure in place and all staff felt supported and in their own particular roles. The principal dentist was responsible for the day to day running of the practice.

There were systems and process in place for monitoring and improving services. The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning system but some areas required improvement.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate and patient information was handled confidentially.

Staff were encouraged to share ideas and feedback as part of their appraisals but support staff were not offered career development opportunities.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

No action



Bramley Dental Practice - Main Street

Detailed findings

Background to this inspection

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

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

We informed NHS England area team and Healthwatch that we were inspecting the practice; we received no information of concern from them other than the transportation of contamination instruments on the public highway.

During the inspection we spoke with two dentists, one dental hygienist, three dental nurses, one receptionist,

both practice managers and four patients. To assess the quality of care provided we looked at practice policies and processes and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Some staff were aware and understood the process for reporting. The practice had recorded, responded and discussed all incidents to minimise risk and support future learning.

Staff were not aware of the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and no guidance was available on the day of inspection. The practice managers were not aware of the guidance or notifications which should be reported to the CQC. The practice managers responded to this and assured us that RIDDOR would be embedded within the practice without delay.

The practice managers received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns.

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

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. The practice had carried out a thorough sharps risk assessment which was reviewed in October 2016. A safe sharps system had been implemented for use in each surgery. This risk assessment was updated annually to ensure any new updates or equipment was added.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with

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

The practice had a whistleblowing policy which staff were aware of. 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 were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept. We saw that each treatment room had a whistle to raise an immediate alert if a medical emergency was in progress.

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).

Monthly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. The AED and emergency oxygen should be checked weekly and recorded, we informed the principal dentist and practice manager of this who assured us this would be addressed. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included advertising the job through an agency, a job application form, an interview

Are services safe?

process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw that five staff members had recently applied for a DBS but were waiting for a completion certificate; electronic mail correspondence was seen as proof of application for all five staff members. We reviewed a sample of recruitment files and these showed that all checks were in place.

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

Monitoring health & safety and responding to risks

The practice had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials.

All clinical staff were supported by another member of the team when providing treatment to patients.

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 found no COSHH information for the materials used by the cleaner. The practice manager was made aware and we were told measures would be taken to address this.

We noted there had been a fire risk assessment completed for the premises in November 2016. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff in

September 2016 and discussion about the process reviewed at a practice meeting. Two staff members had completed training to be a fire marshal. We noted that the fire risk assessment identified a blocked fire escape on the first floor, on the day of inspection we saw that the fire escape was still cluttered; furniture was left in critical escape areas and did not allow a clear area for emergency escape. We highlighted this to the practice managers and principal dentist who agreed to address this without delay.

We observed dental nurses were over-reaching for dental care records using a step ladder without a safety handrail. The practice managers were made aware of this and told us they would re-assess the process.

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

The practice had not applied a lone working risk assessment and there was no latex policy implemented to mitigate the risk of allergic reaction.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection 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 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 dental nurses to ensure the sterilisers were in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures. We saw that contaminated instruments from the main practice were being transported on foot by a dental nurse using the public pavement; a journey of approximately 25 yards to the Annex building for processing and decontamination.

Are services safe?

The dental nurse would transport the contaminated instruments after each patient in a non-lockable container. No risk assessment was written for this procedure and after discussion with the principal dentist and practice managers, we were told that measures would be taken to reduce the risk without delay. This included reducing the task to the end of each session (twice per day), rather than after each patient. The use of a more suitable lockable rigid container would also be explored.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in February 2017 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. 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 with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in March 2016 and awaiting results from the risk assessment carried out Feb 2017. 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 and between patients, the use of purified water, 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 all types of waste including sharps and amalgam was collected on a regular basis.

We saw evidence of cleaning schedules that covered all areas of the premises.

Equipment and medicines

We saw evidence of servicing certificates all equipment and Portable Appliance Testing (PAT) in November 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Checks were carried out in line with the manufacturer's recommendations and guidelines.

We saw the practice was not storing NHS prescriptions in accordance with current guidance. Prescription pads were not being logged or secured when the practice was closed and no audit trail was evident. We highlighted this to the principal dentist who acknowledged the need to review this process.

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.

The practice demonstrated compliance with current radiation regulations this included information stored within the radiation protection file.

We saw a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out by the practice annually. The grading and results were in line with current guidance but were not clinician specific. The principal dentist acknowledged this and told us they would review the audit currently in progress.

We saw all the 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 dental needs and past treatment. The dentists and specialists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

The practice provided dental implants. The dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the dental implant was being placed. We saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals to ensure that it was healing and integrating well.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audits had action plans and learning outcomes in place. This helps address any issues that arise and sets out learning outcomes more easily.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. The dentists would have informal chats during the day to get each other's opinions about cases.

Health promotion & prevention

The practice focused on preventative care and supporting patients. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Staff told us the dentists would always provide oral hygiene advice to patients where appropriate or refer to the dental hygienist and hygiene therapist for a more detailed treatment plan and advice.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the GDC. Staff told us and we saw they had annual performance appraisals.

Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE

Are services effective?

(for example, treatment is effective)

in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral tracking was not carried out to ensure referral processes were of a suitable standard.

Consent to care and treatment

We spoke with staff about how they implemented 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. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

Not all staff were clear on the principles of the Mental Capacity Act and Gillick competency. The act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options. We identified that refresher training was required for the Mental Capacity Act and Gillick competency. This was discussed and agreed with the principal dentist.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were told staff would take into account the needs of people's diversity, values and human rights.

Feedback from patients was 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 towards patients during interactions at the reception desk and over the telephone.

We observed the layout of the waiting area was not conducive to maintaining confidentiality as conversations at the reception desk could be overheard by those in the waiting area. Staff told us they were aware of the need to retain privacy and would offer an alternative location within the practice to discuss sensitive issues. A notice stating the same was located in the waiting area.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way. There was male and female dentists so patients could choose who they saw.

Dental care records were visible and within reach of patients on open shelving behind the reception desk.

Records were previously filed securely behind large sliding doors which have since broken and had to be removed. We also saw dental care records being stored in baskets on the reception desk in view and within reach of patients, this is not in accordance with the Data Protection Act. The principal dentist acknowledged this as an issue and showed us the proposed long-term refurbishment plan to address this. The principal dentist also discussed options of finding a more suitable interim solution.

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

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and 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 were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the 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, dental treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice. This included dental implants and cosmetic treatments.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequality to any patient group such as step free access via removable ramp, a wheelchair accessible treatment room and an accessible toilet with hand rails. The practice had completed an audit as required by the Equality Act 2010.

Certain staff members spoke different languages, which they offered as an in-house translation service to patients.

Access to the service

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

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. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

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.

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. Staff told us they aimed to resolve complaints in-house initially.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services.

Are services well-led?

Our findings

Governance arrangements

The principal dentists were in charge of the overall running of the practice. The practice managers had recently taken over the day to day administration and management of the practice and were in the process of reviewing and updating policies and procedures. There was a high turnover of support staff and it was evident that some processes were not fully embedded within the practice, for example there was a lack of awareness of the Mental Capacity Act, Gillick competency, COSHH and RIDDOR. A management structure was in place to ensure that responsibilities of staff were clear.

Staff told us they felt supported, were clear about their roles and responsibilities and were proud to work at the practice. 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 but practice specific risk assessments were absent, for example staff pregnancy and nursing mother, transportation of contaminated instruments and staff safety. The use of step ladders in the reception area also required risk assessment.

Leadership, openness and transparency

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 which states the same.

All staff were aware of whom to raise any issue with and told us the principal dentists and practice managers were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice. 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 meetings to ensure staff could raise any concerns and discuss clinical and none clinical updates.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, in-house referral audits and infection prevention and control. We saw that audits were carried out with results and action plans detailed but the X-ray audit required improvement as this was not clinician specific.

All staff had annual appraisals at which learning needs were discussed. We saw evidence of completed appraisal forms in the staff folders. Support staff had not received development and aspiration opportunities for career enhancement.

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 GDC.

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

Systems to involve seek and act upon feedback from staff and people using the service could be improved. The practice only used the NHS Friends and Family Test (FFT) as a form of assessing patient views on the practice. We saw that feedback was gathered but was not analysed for continuous improvement or fed back to patients. The FFT is a national programme to allow patients to provide feedback on the services provided.