

IDH Limited

Mydentist - St. Margaret's Road - Cheltenham

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20th December 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

Mydentist St Margaret's Road Cheltenham is located in the centre of Cheltenham and provides NHS and private treatment to patients of all ages. The practice consists of seven treatment rooms, toilet facilities for patients and staff, a reception/ waiting area, other waiting areas and a staff room.

The practice treats both adults and children. The practice offers routine examinations and treatment. There are nine dentists and three dental hygienists.

The practice's opening hours are

8.00 to 20.00 on Monday

8.00 to 20.00 on Tuesday

8.00 to 20.00 on Wednesday

8.00 to 20.00 on Thursday

9.00 to 17.00 on Friday

There was information on the answerphone about contacting the local dental access centre out of hours.

Summary of findings

We carried out an announced, comprehensive inspection on 20th December 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

Before the inspection we looked at the NHS Choices website. In the previous year there had been several reviews about the practice ranging from 1 star to 5 stars, the overall rating was 2.5 stars. The organisation responded to all the comments and discussed the learning points with staff.

For this inspection 33 people provided feedback to us about the service. Patients were positive about the care they received from the practice. They were complimentary about the service offered which they said was good or excellent. They told us that staff were professional, helpful, caring and friendly. Patients told us that the practice was safe, clean and hygienic. We received no negative comments.

Our key findings were:

- Safe systems and processes were in place, including a lead for safeguarding and infection control.
- Staff recruitment policies were appropriate and most of the relevant checks were completed. Staff received relevant training.
- The practice had ensured that risk assessments were in place and that they were regularly reviewed.
- The clinical equipment in the practice was appropriately maintained. The practice appeared visibly clean throughout.
- The process for decontamination of instruments followed relevant guidance.

- The practice maintained appropriate dental care records and patients' clinical details were updated suitably.
- Patients were provided with health promotion advice to promote good oral care.
- Written consent was obtained for dental treatment.
- The dentist was aware of what process to follow when a person lacked capacity to give consent to treatment.
- All feedback that we received from patients was positive; they reported that it was a caring and effective service.
- There were governance systems in place at the practice such as systems for auditing patient records, infection control and radiographs.
- The service sought feedback from patients and made changes in response to feedback and complaints.

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

- Review the process for recruitment so that written references and a Disclosure and Barring Service (DBS) check are received before new staff start to work with patients.
- Review the local rules for the X-ray machines to make sure they follow current guidance.
- Review the arrangements for recording staff CPD so that a record of the training for the dentists is kept in the practice.
- Review the system of appraisals so that each staff member has an annual appraisal and personal development plan.

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.

There were appropriate systems for reporting incidents and for learning from incidents. Staff had received training about safeguarding adults and children. There were policies about safeguarding and whistleblowing and staff knew how to report any concerns.

There were also arrangements for dealing with foreseeable emergencies, for fire safety and for managing risks to patients and to staff. There was a business continuity plan. Hazardous substances were managed safely.

Most of the appropriate checks were being made to make sure staff were suitable to work with vulnerable people. The necessary medicines were in place. Equipment was regularly serviced. X-rays were dealt with safely.

The surgeries were fresh and clean. We found that guidance about decontamination of instruments was being followed to reduce the risk of the spread of infection.

No action



Are services effective?

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

The dentists took X-rays at appropriate intervals. The practice was checking the condition of the gums for every patient and they were checking for oral cancers. Patients completed medical history questionnaires and these were updated at each visit. The practice kept up to date with current guidelines and research. They promoted the maintenance of good oral health through information about effective tooth brushing. The dentist discussed health promotion with individual patients according to their needs.

The practice had sufficient staff to support the dentist. Staff received appropriate professional development and the expected training.

The practice had suitable arrangements for working with other health professionals and making appropriate referrals to ensure quality of care for their patients. Patients were asked for written consent to treatment. The dentist working on the day of our visit showed understanding about the Mental Capacity Act 2005 (MCA) and what they would do if an adult lacked the capacity to make particular decisions for themselves.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Staff in the practice were polite and respectful when speaking to patients. Patients' privacy was respected and treatment room doors were closed during consultations. The practice used an electronic record system and the computer screens in reception were shielded so that they could not be seen by patients.

No action



Summary of findings

Patients were positive about the care they received from the practice. They reported that staff were helpful, polite, caring, pleasant, and friendly. People were given treatment plans by the dentist, which they had signed to show their consent and agreement to them. Are services

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 a system to schedule enough time to assess and meet patients' needs. People said that they could get an appointment easily. Emergencies were usually fitted in on the day they contacted the practice. The practice actively sought feedback from patients on the care being delivered. There was a procedure about how to make a complaint and the process for investigation. We saw evidence that the practice responded to feedback made direct to the practice and made changes when necessary.

There was an equality and diversity policy and staff had received training about equality and diversity. There was information about translation services for people whose first language was not English. There was level access for wheelchair users to the surgeries and there were accessible toilet facilities. There was a hearing loop system for patients who had a hearing impairment.

No action



Are services well-led?

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

The practice had systems for clinical governance such as audits of infection control, radiographs and record keeping. There were checks of equipment. The autoclave and compressor were serviced and there were daily checks of the autoclave.

The practice had a range of policies which were made available to staff.

The practice manager was the lead for the practice supported by more senior managers in the organisation. There was a lead nurse to support the nurses and a head receptionist to support the receptionists. There was a whistleblowing policy and information for staff about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no such incidents.

The practice manager held team meetings where staff discussed developments in the practice such as learning from incidents. Staff were responsible for their own continuing professional development and kept this up to date.

The practice sought feedback from patients through patient satisfaction feedback forms and text surveys and these were analysed by the organisation. The practice manager had made changes in the practice in response to this feedback.

No action



Mydentist - St. Margaret's Road - Cheltenham

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 20th December 2016. The inspection took place over one day.

The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the local Healthwatch and NHS England who raised no concerns about the service.

During our inspection visit, we reviewed policy documents and records. We spoke with three members of staff and four dentists. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and

equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

Thirty three patients provided feedback about the service. Patients, who completed comment cards, were positive about the care they received from the practice. They were complimentary about the professional, friendly, helpful 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 an effective system for reporting and learning from incidents. Incidents were recorded and analysed. There was an accident book and a procedure for reporting accidents. Staff reported any accidents or incidents to the manager or first aider who filled in the accident book and made a record on the computer system. The health and safety team at head office reviewed all accidents and incidents recorded and decided whether the incident needed to be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). As part of induction new staff went through what to do in the event of an accident or incident and we saw information for staff on the staff room notice board. Significant events were recorded and examples included failure to check the emergency medicines and the boiler temperature running cooler than it should. The manager had an overview of these events and shared learning with staff in team meetings.

The organisation sent quarterly newsletters to all practices with information and learning from incidents in other practices. The practice manager told us that he gave these to staff to read and discussed them in team meetings. We saw information from the quarterly newsletters on the staff room notice board. Staff read these through then signed their names when they had read them. The practice manager said that learning from accidents and incidents was discussed in team meetings. We saw team meeting minutes which showed that learning from accidents and incidents were discussed under a regular agenda item for health and safety.

Reliable safety systems and processes (including safeguarding)

There was a procedure on the wall in each surgery about what to do if a member of staff had a sharps injury. There had been no such incidents. The practice used a safe syringe system to reduce the risk of injury. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

The practice manager said that they received any patient safety alerts and took action when needed according to the

advice provided in the alert. They also emailed the information to the dentists and staff and discussed the alerts with the lead nurse and lead receptionist who discussed them with their teams. We saw team meeting minutes which showed that safety alerts were discussed with staff. We saw an example of a recent alert which was received.

There was a poster on the staff room wall which provided information for staff about the duty of candour in the event that a patient was harmed in the course of their treatment. The manager told us that they had reviewed all complaints for the last 12 months and had been open if the practice had done anything wrong and sent a written apology where appropriate.

The practice had policies and procedures for child protection and safeguarding adults. This included contact details for the local authority social services which were also posted on the staff room wall. All staff had read and signed the policies to say that they understood them. The practice manager was the safeguarding lead for the protection of vulnerable children and adults. Staff had completed training about safeguarding adults and children. Staff would raise concerns with the safeguarding lead.

There was a whistleblowing policy which staff could follow if they had concerns about another member of staff's performance. There was a helpline number for staff to contact and discuss any concerns that they had.

Medical emergencies

The practice had arrangements to deal with medical emergencies. Staff had received training in emergency resuscitation and basic life support and this was refreshed every year. We saw certificates for this training. We saw minutes which showed that medical emergencies and different scenarios were discussed at team meetings. The staff we spoke with were aware of the practice procedures for responding to an emergency. The practice had emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines and oxygen and an automated external defibrillator (AED). (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). There were defibrillator pads for both adults and children. The oxygen cylinder and

Are services safe?

resuscitation mask were in date. The oxygen cylinder was being routinely checked for effectiveness and we saw records for these daily tests. We reviewed the contents of the emergency medicines kit. We saw records of weekly and monthly checks of the medicines and equipment and all the emergency medicines were in date. The glucagon injections were not being kept in the fridge and we saw that the expiry date on the glucagon was within the acceptable range.

Recruitment

There was a recruitment portal on the organisation's computer system. This included information about the recruitment policy and procedure and appropriate checks that needed to be carried out to ensure new staff were suitable and competent for their role. This included an interview, a review of employment and medical history, checking of qualifications, identification, references and a check of the right to work in the UK. We looked at the records of recruitment checks for four members of staff. Each member of staff had a disclosure and barring service (DBS) check and had a copy of their passport as proof of identity and information about their right to work in the UK. None of the staff had written references. In line with the recruitment policy two references had been requested for one trainee nurse and a qualified nurse but they were not back before they started to work in the practice. One dentist was recruited in 2014 and had no references then or after and they had started to work in the practice two weeks before their DBS certificate was received. The other dentist transferred to the practice and no references were transferred with them. New staff had an induction and probationary period when they met regularly with the practice manager. There was a record of the immunisation status of the nurses and dentists. We saw that appropriate checks of registration with the General Dental Council (GDC) had been carried out for all the qualified staff. There were certificates of qualifications.

Monitoring Health and Safety and responding to Risk

There were arrangements to deal with foreseeable emergencies. We saw that there was a health and safety policy. The practice had a fire risk assessment and there were certificates showing that the fire alarm system and emergency lighting had been serviced. The head receptionist was the fire marshal. There were records of fire drills and fire safety checks. We saw that there were no records of fire evacuations between 2014 and 19th

December 2016. The practice manager, who was new in post, had arranged the evacuation in December. They said that they planned for fire evacuations to take place every six months going forward. There were risk assessments for the general risks in the practice. These included the action to be taken to manage risk and were reviewed annually. We saw the records of the last review and an action plan which had been tracked and all actions were completed. The practice manager conducted weekly health and safety checks. The practice had a business continuity plan to ensure continuity of care in the event that the practice's premises could not be used for any reason.

There were arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There were a large number of COSHH risk assessments in paper format. These had not been reviewed. However, the safety data sheets and COSHH risk assessments for materials and products that were in use were available on the computer system.

The practice followed national guidelines on patient safety. For example, the practice used a rubber dam for root canal treatments. A rubber dam is a thin, rectangular sheet, usually latex free, used in dentistry to isolate the operative site from the rest of the mouth.

Infection control

There were systems to reduce the risk and spread of infection. The lead dental nurse was infection control lead for the practice. There was a comprehensive infection control policy displayed in the decontamination room and available on the organisation's intranet. There was an infection control policy folder which the practice manager was in the process of reorganising to make it more usable by staff. Clinical staff were 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. There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet. The dentists, nurses and hygienist wore uniforms in the clinical areas and they were responsible for laundering these.

There were cleaning schedules and a cleaning company did the cleaning. The practice manager was reviewing the schedules with the cleaning company to make sure

Are services safe?

cleaning was done to a high standard. The practice looked clean throughout. The nurses cleaned the surgeries. Three patients we spoke with and 30 people who completed comment cards confirmed that the environment was always clean and hygienic. Ten people who completed comment cards said that the environment was safe and hygienic.

We examined the facilities for cleaning and decontaminating dental instruments in the decontamination. The practice had followed 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)' when setting up their decontamination room. In accordance with HTM 01-05 guidance dirty instruments were carried from the surgery to the decontamination room in a designated sealed box to ensure the risk of the spread of infection was minimised.

There was a clear flow from 'dirty' to 'clean.' There were two sinks, one for washing and one for rinsing and an ultrasonic bath. The nurse showed us the process for decontamination of instruments. They put on personal protective equipment (PPE) including domestic style rubber gloves. They washed the instruments in the washing bowl after testing the temperature of the water. They scrubbed the instruments with a long handled brush then rinsed them in the second sink. They placed the instruments in an ultrasonic bath to remove any debris. The nurse inspected the instruments for debris under an illuminated magnifying glass, rinsed them again and placed them on trays and put them into the autoclave to sterilise. After the sterilisation cycle was complete they took the instruments out of the steriliser to the clean area of the room, put them into date stamped bags and put them into a clean container to take back to the surgery. The nurses showed us how they cleaned down the surgeries between patients. They used disinfectant wipes to sanitise the surfaces.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure. The ultrasonic bath had daily, weekly and quarterly checks. Logs were kept of the results demonstrating that the equipment was working well. We saw certificates to show that the autoclaves and ultrasonic bath were serviced annually.

Procedures to control the risk of infection were monitored as part of the daily checks and the practice had carried out cross infection audits and produced action plans to address any shortfalls. The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. There was a Legionella risk assessment (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We saw a log book of monthly checks of the temperatures at the cold and hot water outlets. The hot water temperatures had been running below 50 degrees Centigrade. The boiler had been inspected a new part had been ordered to put this right. The nurse showed us how they flushed the dental water lines in accordance with current guidance in order to prevent the growth of Legionella.

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. We saw an up-to-date portable appliance testing (PAT) certificate for all electrical items. We found some out of date equipment in one of the surgeries but this was removed and disposed of during the inspection.

Medicines were stored securely in a cupboard and a designated fridge. Prescription pads were locked in the safe. The defibrillator was kept in reception. There was an oxygen cylinder with an up to date certificate. We noted that the emergency medicines were easily accessible for staff in case of emergency. However, they were situated so that they were also easily accessible to patients.

Radiography (X-rays)

There was an X-ray unit in each of the seven surgeries. There were suitable arrangements in place to ensure the safety of the equipment. We saw logs to show that they were maintained. We saw a radiation protection file which contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisors and the necessary records relating to the X-ray equipment. These were the critical examination packs for each X-ray set along with the maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules. The local rules describe the operating procedures for the area where

Are services safe?

x-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each x-ray set on the premises. The local rules set out the dimensions of the controlled area around the dental chair/patient and state the lowest x-ray dose

possible to use. Applying the local rules to each x-ray taken means that x-rays are carried out safely. We noted that the local rules were general and did not relate to the x-ray machine specific to each room. X-rays were graded as they were taken. We saw records of audits of the radiographs.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We reviewed the recent audits of dental care records and radiographs. The dentist took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken. The record keeping audit showed that an assessment of periodontal tissues was undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.) Patients' BPE scores were recorded in the dental care records.

The recent audit had identified that medical histories were recorded. We spoke with three patients who said that they had completed a medical history questionnaire and they were asked about any changes at each visit. Information about medical histories must be kept up to date so that the dentist is informed of any changes in people's physical health which might affect the type of care they receive.

We saw evidence that the practice kept up to date with the current guidelines and research in order continually to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to referring patients for removal of wisdom teeth and prescribing antibiotics. They conducted risk assessments for patients to help them to decide appropriate intervals for recalling patients. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients.

Health promotion & prevention

The dentists said that they discussed health promotion with individual patients according to their needs. This included discussions around use of fluoride toothpaste, smoking, diet and sensible alcohol use. They conducted examinations of soft tissue to check for the early signs of oral cancer.

The practice promoted the maintenance of good oral health through information about effective tooth brushing. We observed that there was some information about tooth brushing displayed in the waiting area. This could be used

to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition. We spoke with three patients who told us that the dentist discussed health promotion with them and advised them about flossing and effective tooth brushing.

Staffing

The practice staffing consisted of nine dentists, three dental hygienists, a lead dental nurse, five qualified dental nurses, five trainee dental nurses, a head receptionist, two receptionists, a treatment co-ordinator and a practice manager. Two of the trainee dental nurses had completed their courses and were about to become qualified. A cleaning company cleaned the practice.

The practice manager told us that all staff received professional development and training. The company had online training for each job role. We saw the records which showed that all the staff had completed training about safeguarding, cardio pulmonary resuscitation, medical emergencies, infection control, health and safety, equality and diversity and the Mental Capacity Act 2005 (MCA.) The dentists, hygienist and the nurses were responsible for their own continuing professional development (CPD.) They logged all their training hours online with the General Dental Council (GDC.) We saw records of training and CPD for the nurses and we saw some training certificates for the dentists but not a full log of their CPD.

Annual appraisals were completed by the practice manager for the dental nurses and receptionist. We saw records for three dental nurses which showed that one had two six monthly appraisals and a personal development plan (PDP) in 2016. A second dental nurse had one appraisal in 2015 and a third dental nurse had an appraisal in 2012 so these were due again. The dentists had reviews with the manager once a month and reviews with the clinical support manager for the company every three months. They also had an annual review of their contract. The clinical support manager provided support and advice to the dentists and help with any performance issues.

Working with other services

The practice had suitable arrangements for working with other health professionals to ensure quality of care for their patients. The dentists used a system of onward referral to other providers, for example, for oral surgery, orthodontics or endodontics. Where there was a concern about oral cancer a telephone referral was made to the local hospital

Are services effective?

(for example, treatment is effective)

and this was followed up with a letter. We looked at a sample of referral letters and saw that referral information was sent to the specialist service about each patient, including their medical history and x-rays. We noted that patients were not routinely offered a copy of the referral letter although they could have one on request.

Consent to care and treatment

The practice ensured that valid consent was obtained for all care and treatment. The dentists discussed treatment options, including risks and benefits, as well as costs, with each patient. NHS patients signed the NHS treatment plans. When treatment was needed for children the dentist

obtained consent from their parents. Children were encouraged to be involved in decision making about their treatment. The dentists explained the options to children and gave them the opportunity to ask questions.

When we spoke with three dentists we found that they had understanding about the Mental Capacity Act 2005 (MCA,) capacity and consent. The 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. The dentists gave examples of how they treated a person if they lacked capacity. We saw that the dentists had received training about the MCA.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patient confidentiality was respected. The practice used both paper records and an electronic system. We noted that records were locked away so that they could not be seen by patients. The computer screen in reception was angled so that it could not be seen by patients. There were policies about information governance and staff received training so that they know how to keep personal information safe. Patients were afforded appropriate privacy as the treatment room doors were closed during consultations. The waiting areas were away from the consulting rooms so that conversations could not be heard from the other side of the door. If patients wished to discuss things in private they were staff would take them into the office, which was near reception. We observed that staff in the practice were polite and respectful when speaking to patients. Patients told us that they were treated with respect.

Patients who completed comment cards, were positive about the care they received from the practice. Patients reported that staff were helpful, professional, caring and friendly. They said that they provided a very good service. Three patients we spoke with said that the dentist and nurse were very friendly. Patients who were nervous were offered longer appointment times. A record was kept on the patient's file to indicate that they were nervous. The dentist and nurse talked with them to reassure them and explain the options for treatment with them.

Involvement in decisions about care and treatment

The practice provided NHS treatment plans which gave options for treatment and costs. Written consent was obtained for the dentist's treatment plans showing that people were involved in decisions about their care. Three patients we spoke with said that they had signed their treatment plans and the dentist explained treatment to them very clearly so that they could make decisions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system to schedule enough time to assess and meet patients' needs. The practice reserved appointments for each dentist to see emergencies. Patients commented that the staff provided a good service. Some patients described the service as caring and helpful. The practice actively sought feedback from patients on the care being delivered. We saw evidence that the practice responded to feedback that they received on the NHS Choices website and from complaints. They sent each patient a text message survey after each appointment. Views were collated at head office and they shared the results with each practice in the organisation so they could all learn from feedback. There were feedback cards in reception and staff discussed the feedback in team meetings.

Tackling inequity and promoting equality

There was an equality and diversity policy and there was training for staff about equality and diversity. There were reasonable adjustments in place. These included access to translation services. Staff spoke several languages. Staff were from different backgrounds and there were male and

female staff of different ages so patients had a choice. There was a loop system for deaf people. There was a disabled access toilet. The layout of the building meant that patients who used wheelchairs could be treated safely.

Access to the service

The opening hours were displayed in reception and on the website. Patients told us that they had no difficulty getting appointments. Emergencies were usually fitted in on the day they contacted the practice.

Concerns & complaints

There was a procedure about how to make a complaint, including timescales for responding to complaints and the process for investigation. Information about how to make a complaint was displayed in the reception area. Two patients we spoke with knew how to make a complaint. Information about concerns and complaints was logged on the computer. This enabled staff at head office to monitor complaints and make sure they were dealt with in the correct way. The practice sent us information about recent complaints. This showed that complaints were investigated and there was learning from complaints and improvements were made. For example when one patient complained about a mix up with their appointments there was learning for the reception team about understanding patient needs and re-training was given.

Are services well-led?

Our findings

Governance arrangements

The practice had systems for clinical governance. There were audits of prescribing, referrals, record keeping, infection control and radiographs. There was evidence that these were followed up by more senior staff in the organisation to make sure improvements were made. For example, the clinical support manager had discussed the outcome of the most recent record keeping audit with the dentists.

There were checks of equipment. We saw evidence that the autoclave and compressor were serviced. The nurse told us that they conducted daily checks of the autoclave and we saw records of these tests in a log book.

We saw that there was a range of policies which were made available to staff on the organisation's computer system. Key policies and procedures such as safeguarding were posted on the notice board in the staff room so that staff could see them easily.

Leadership, openness and transparency

The practice manager was the lead for the practice and they were also the lead for safeguarding, medical emergencies, infection control, decontamination and audits. There was a plan for the lead nurse to take on lead responsibility for infection control and decontamination. The lead nurse was responsible for managing the nurses and the head receptionist was responsible for appointments, financial arrangement and managing the receptionists. We saw information for staff in the policy folder on the computer about the duty of candour and the need to be open if an incident occurred where a patient

suffered harm. So far there had been no such incidents. We saw a whistleblowing policy which was made available to staff. There was a whistleblowing helpline so that staff could discuss a concern in confidence.

Management lead through learning and improvement

The practice manager told us that there were regular team meetings. We saw the minutes of meetings, which showed that staff discussed developments in the practice such as learning from incidents and complaints. The nurses told us that they were responsible for their own continuing professional development and kept this up to date. They said that they also had training within the practice and we saw records to show that relevant training was taking place, for example for safeguarding and health and safety.

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

We saw that patients had posted feedback on the NHS Choices website and the organisation had responded to every comment. There were patient satisfaction feedback forms and these were analysed about once a quarter. There was also a text message survey for patients following an appointment. Feedback was logged by the organisation on a database and they ranked the responses for each practice. Learning points and improvement actions were sent to each practice which demonstrated that the organisation was learning from feedback. The practice manager said that they monitored feedback once a week and followed up any negative feedback with the patient. Improvement actions were discussed in team meetings and we saw minutes to confirm this. Changes were made in response to feedback, for example additional training for some staff to improve performance.