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Surrey Dental Specialists

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 March 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

Surrey Dental Specialists is located in Dorking, Surrey. The premises are situated off the High Street in Allen Court. There is a pay and display car park close to the practice for staff and patients. There are two treatment rooms, a reception and waiting area, a decontamination room, an office and a toilet with disabled facilities. The practice resides on one level giving access for patients using a wheelchair or mobility scooter.

The practice provides private specialist dental services to adults. Patients are accepted through referrals from local dental services providing general dental care. The specialist dental services provided are Periodontology (treating gum disease), Endodontology (root canal treatment) and Prosthodontology (replacing missing teeth for example with a bridge or implant).

The practice staffing consists of four specialist dentists that are registered as specialists with the General Dental Council (GDC). This includes the principal dentist who is also the provider and practice manager. The team has a dental hygienist and three dental nurses that are also trained to work on reception when required.

The practice is open 8:00am to 4:00pm Monday, 8:00am to 6:00pm Tuesday and Wednesday, 9:00am to 6:00pm Thursday and 8:00am to 2:00pm Friday.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered

Summary of findings

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.

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 31 patients about the service. All the comments from the patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff and commented on the high quality of customer care they received.

Our key findings were

- Practice ethos was to provide high quality care with successful outcomes.
- Strong and effective clinical leadership was provided by the provider.
- The practice benefitted from a stable staff base and an empowered team.
- Information from 31 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment files were organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the provider.
- Staff we spoke to felt well supported by the provider and were committed to providing quality service to their patients.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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 protocols which were effectively used 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 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.

Are services effective?

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

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

Staff received appropriate professional development and training. All specialist dentists working in the practice were registered as specialists with the General Dental Council (GDC). The whole dental team were engaged in an appraisal process on a yearly basis to continually develop their skills.

The practice ensured valid consent was obtained for all care and treatment. Patients had commented via the CQC comment cards that treatment options were explained clearly and they were given time to think about the options.

Are services caring?

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

Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

We received positive feedback from patients through CQC comment cards. All of the patients commented that the quality of care was good or very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease.

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. The patient feedback we received via comments cards 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?

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

The practice had a system in place to schedule enough time to assess and meet patients' needs. Patients were booked for longer appointments depending on their needs. Staff told us they treated everybody equally and where patients required additional assistance the practice would work together to assist patients.

The practice followed their complaints policy and procedures. Patients were informed about how to make a complaint. The practice acted with candour and apologised when things had not gone well.

Summary of findings

Are services well-led?

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

The practice had effective leadership and an open supportive culture. Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures that were kept up to date.

The practice had arrangements in place for monitoring and improving the services provided for patients. Regular checks and audits were completed to ensure the practice was safe and patient's needs were being met.

The practice had a full range of policies and procedures to ensure the practice was safe and met patient's needs.

Surrey Dental Specialists

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 17 March 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

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

During the inspection, we spoke with the principal dentist (who was also the provider and practice manager), dental hygienist and two of the dental nurses. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed policies and procedures. One of the dental nurses demonstrated how they carried out decontamination procedures of dental instruments. We reviewed comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider who was also the practice manager described a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place along with forms for staff to complete when something went wrong, this system also included the reporting of minor injuries to patients and staff. The practice had one incident recorded that related to a dentist encountering a minor burn. The incident was handled appropriately and learning had taken place to prevent a reoccurrence.

Reliable safety systems and processes (including safeguarding)

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. This information was displayed in the treatment rooms and on file in the reception area. The principal dentist was the lead for safeguarding and all the staff we spoke with were aware of this. The lead demonstrated they had a good understanding of what they needed to do if they suspected potential abuse.

We saw evidence that staff had completed safeguarding training to the appropriate levels and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with the principle dentist who was also the provider.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam and single use instruments for root canal treatments in line with guidance from the British Endodontic Society. [A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work]. We noted the practice also provided non latex rubber dam for patients that had latex allergies.

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, the practice used a 'safer sharps' system to minimise needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not re-sheathed using the hands but instead a device was used to prevent injury which was in line with recommended national guidance.

We spoke to the dental nurse responsible for decontamination procedures and the principal dentist about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, therefore helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The dentists were responsible for ensuring safe recapping using a needle protection device. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries. There had been no needle stick injuries since the practice opened four years ago.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had 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). 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. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. We saw log sheets that recorded monthly and weekly checks to ensure medicines and equipment were appropriate to use.

Are services safe?

Staff received annual training in using the emergency equipment. The most recent staff training sessions had taken place in June 2015. We noted that the training also included responding to different scenarios, such as epileptic seizures and anaphylaxis, using role-playing drills.

Staff recruitment

All of the dental staff had current registration with the General Dental Council (GDC), the dental professionals' regulatory body. The practice staffing consisted of four specialist dentists that were registered as specialists with the GDC. [The Specialist lists are lists of registered dentists who meet certain conditions and are entitled to use a specialist title. A dentist can only use the title 'specialist' if they are on the list].

The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. Staff recruitment records were stored securely in a locked cabinet to protect the confidentiality of staff personal information.

We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice displayed pictures and profiles of three of the specialist dentists on the practices' website and included GDC registration numbers so patients could review this information. The fourth specialist dentist had joined the practice recently. The provider told us they were planning to add information about the fourth specialist dentist soon.

Monitoring health & safety and responding to risks

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, risk assessments had been carried out for slips, trips and falls, infection control, fire safety and the safe use of X-ray equipment. The provider could demonstrate that they followed up any issues identified during audits as a method for minimising risks.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a detailed COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored. The provider reviewed the file regularly to ensure it was kept up to date.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) via email. We observed that the alerts were kept in a file and the practice acted upon any of the alerts that were specific for dental practice. Relevant alerts were discussed during staff meetings to facilitate shared learning, these meetings occurred on an informal basis daily.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of protocols 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)'.

There had been regular infection control checks and where any improvements were required these were implemented. One of the dental nurses was the infection control lead and ensured regular checks were completed.

We observed both dental treatment rooms, decontamination room, waiting area, reception and the toilets were clean, tidy and clutter free. Clear zoning marked clean from dirty areas in both the treatment rooms. Hand washing facilities including liquid soap and paper

towels were available in each of the treatment rooms and the toilet. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We examined the facilities for cleaning and decontaminating dental instruments. The dental nurse showed us how they used the clean and dirty zones in the treatment rooms and showed us how instruments were taken to the decontamination room. They demonstrated a good understanding of the correct processes. They wore appropriate protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned in the decontamination room and an illuminated magnification device was used to check for any debris during the cleaning stages. Items were then placed in an autoclave (steriliser). Once instruments were sterilised they were placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective. The practice carried out audits to check pouched instruments were not past the expiry dates.

The autoclaves were checked daily for their performance, for example, in terms of temperature and pressure tests. A log was kept of the results demonstrating that the equipment was working well.

The drawers and cupboards of both treatment rooms were inspected. They were well stocked. All of the instruments were placed in pouches and it was obvious which items were for single use as they were clearly labelled. Each treatment room had the appropriate routine personal protective equipment such as gloves, aprons and eye protection available for staff and patient use.

The practice used a system of individual consignments and invoices with a waste disposal company. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps.

Records showed that a Legionella risk assessment had been carried out by an external company in March 2016. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice demonstrated that they had acted to minimise any risks. For example, they could demonstrate they were testing and recording hot and cold water temperatures on a regular basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

The premises were clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

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, autoclaves and X-ray equipment had all been inspected and serviced annually from 2014 to 2016. Portable appliance testing (PAT) had been completed in accordance with good practice guidance. 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 a weekly and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination pack along with the three yearly maintenance log, Health and Safety Executive notification and a copy of the local rules which was updated in March 2016. We saw radiological audits carried out in February 2016. These demonstrated that the dentist was maintaining good standards of practise. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. Our findings showed that the practice was acting in accordance with national radiology guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed staff where appropriate had received training for core radiological knowledge under IRMER 2000 and was within the five year time interval for this core knowledge.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients. The assessment began with the patient completing a medical history questionnaire disclosing 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 then made aware of the condition of their oral health. The clinical assessment and diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient 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 the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw 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 using detailed periodontal examination (BPE) scores and soft tissues lining the mouth. [The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums]. 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. They were a preventative focused practice 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]. Our discussions with staff, together with our review of the dental care records showed that, where relevant, preventative dental information was given in order to improve outcomes for patients. This included advice around smoking cessation, alcohol consumption and diet. Additionally, the dentists carried out checks to look for the signs of oral cancer. Patients attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to patients in a way they understood and how to prevent gum disease and maintain health gums.

Staffing

The practice staffing consists of four specialist dentists that are registered as specialists with the General Dental Council (GDC). This includes the principal dentist who is also the owner. The team has a dental hygienist and three dental nurses that are also trained to work on reception when required.

Staff told us they received appropriate professional development and training. We reviewed all eight of the staff recruitment files 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, safeguarding, infection control and X-ray training.

There was a detailed written induction programme for new staff to follow and evidence in the staff files that this had been used at the time of their employment. One member of staff had told us they followed a three month induction programme.

Staff told us they were engaged in an appraisal process on a yearly basis. This reviewed their performance and identified their training and development needs. We reviewed some of the notes kept from these meetings and saw that each member of staff had the opportunity to put a personal development plan in place.

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral

Are services effective?

(for example, treatment is effective)

criteria and referral forms developed by other primary and secondary care providers such as oral surgery or special care dentistry. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. The principal dentist explained that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan that was signed by the patient before any treatment commenced. 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 had commented via the CQC comment cards that treatment options were explained clearly and they were given time to think about the options and had not felt obligated to take up the treatment. We saw treatment plans were consistently signed by both the dentist and the patients and saved in the patients dental records.

All of the staff 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]. All staff had received formal training and there were team meetings where discussions of the Act regularly took place. Staff we spoke to understood the general principles of the Act and were able to explain how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, they would then involve the patient's family or carer responsible for 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

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with the dentist and the dental hygienist. Conversations between patients and dental staff in the treatment rooms could not be heard from outside which protected patient's privacy. Patients' clinical records were stored electronically. Computers were password protected and regularly backed up to secure storage. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 31 completed CQC patient comment cards on the day of our visit. All comments provided a positive view of the service the practice provided. All of the patients commented that the quality of care was good or very good.

In some comments patients said it was excellent. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing private treatment costs was displayed in the waiting area. The practice website also gave details of the cost of treatment. The dentist we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists and dental hygienist recorded the information they had provided to patients about their treatment and the options open to them.

The patient feedback we received via comments cards 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' needs. The dentists and hygienist could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with an appointment system on the practice computer that indicated the length of time that was generally preferred for any given treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous.

Some of the feedback we received from patients via the CQC comment cards confirmed that they could get an appointment within a reasonable time frame and that they did not feel rushed and had adequate time scheduled with the dentist to assess their needs and receive treatment.

The principal dentist told us there were many cases where the specialist dentists and hygienist would work collaboratively to meet the patients treatment needs. This involved synchronising appointment diaries and planning to operate on the patient jointly to provide the best outcomes.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. They told us they did not need a translation service for languages because they did not have many patients that attended the practice where English was not their first language. The provider told us if there was a need for this they would use a telephone translation line.

We asked staff how they would support patients that had difficulty with hearing and vision. Staff were confident they could communicate with patients using visual aids such as pointing and writing words for patients with hearing difficulties. One dental nurse told us they guided patients with vision problems by holding their arm while walking them through the practice and explaining in detail every dental procedure that took place.

The practice premises existed on one level giving easy access for patients with mobility problems that may be using a wheelchair or mobility scooter. There were toilets with disabled facilities that included an alert lever and hand rails. The treatment rooms were wide and accessible for wheelchair use.

Staff told us all patients had notes in the dental care records highlighting any special assistance required prior to scheduled appointment and they responded with every possible effort to make dental provision accessible.

Access to the service

The practice open hours were 8:00am to 4:00pm Monday, 8:00am to 6:00pm Tuesday and Wednesday, 9:00am to 6:00pm Thursday and 8:00am to 2:00pm Friday.

The reception staff 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. We noted the practice had a dentist working in the practice every day of the week and therefore was able to provide care for their patients that may be in pain. The practice provided an out of hours telephone number for patients to use in case of a dental emergency when the practice was closed. This information was publicised in the practice information leaflet, practice website and on the telephone answering machine when the practice was closed.

Concerns & complaints

The practice had a complaint policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. Information for patients about how to make a complaint was seen in the patient leaflet, poster in the waiting area and practice website.

The practice had shared with us the two complaints that were received at the practice in 2015. We reviewed the way the complaints had been handled and dealt with by the provider and found them to be appropriately managed. The practice owner explained that in the event of a complaint they adopted a very proactive response to any patient concern or complaint. Patients were spoken to by telephone or invited to a face-to-face meeting in an attempt to resolve the complaint or concern as soon as was practically possible. Patients would receive an immediate apology when things had not gone well.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were robust. There was a comprehensive system of policies, protocols and procedures in place covering all of the clinical governance criteria expected in a dental practice. The systems and processes were well maintained and files were kept that were regularly reviewed and updated. Records, including those related to patient care and treatments, as well as staff employment, were kept accurately.

The staff fully understood all of the governance systems because there was a clear line of communication running through the practice. This was evidenced through the effective use of staff meetings where relevant information was shared and recorded, and through the high level of knowledge about systems and processes which staff were able to demonstrate to us via our discussions on the day of the inspection.

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 each other and the principal dentist. They felt they were listened to and responded to when any concerns were raised.

We spoke with the principal dentist who told us they aimed to provide high-quality care with a focus to provide the best possible outcomes for patients. They were passionate and committed to both maintaining and continuously improving the quality of the care provided.

The staff we spoke with all told us they enjoyed their work and were well-supported by the provider. They were motivated and proud of the service they provided to patients. 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 to ultimately benefit their patients.

Learning and improvement

All 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).

The practice had a programme of clinical and nonclinical audits that were used as part of the process for learning and improvement. These included audits for infection control, health and safety in the practice, clinical record keeping and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made.

The auditing system demonstrated a generally high standard of work. We saw notes from staff meetings which showed that results of audits were discussed in order to share achievements or action plans for improving performance. Staff meetings were held monthly although staff told us they had meetings in the morning before the practice opened to discuss decontamination processes and any other information that needed to be shared amongst the team.

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

The practice gathered feedback from patients through the use of a patient feedback form that was emailed to patients and available in the waiting area. We reviewed the results received from January 2015 to December 2015. Out of 259 responses we noted all the patients had responded positively indicating they would recommend the practice. The practice had acted on feedback from patients where they could. For example, they had improved on the waiting times to ensure patients were seen within ten minutes of their appointment time. We noted that only six out of 259 responses indicated they had not been seen within 10 minutes of the appointment time. The provider told us they had this under review and we saw this was discussed at team meetings regularly to keep improving.

Staff told us they were always encouraged to give feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.