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Roe Lane Family Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 June 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

Roe Lane Family Dental Practice offers mainly NHS (more than 95%) and some private dental care services to patients of all ages. The services provided include preventative advice and treatment, routine and restorative dental care. The practice has four treatment rooms, two waiting areas and a reception area. Treatment and waiting rooms are on the ground and first floor of the premises. There is wheelchair access to the ground floor treatment room.

The practice has one principal dentist, who is the owner, and five associate dentists. There are nine qualified dental nurses in addition to a practice manager. The practice is open from 8.15am until 7.00pm each Monday and from 8.45am until 5.45pm Tuesday to Friday.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We viewed 17 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with five patients on the

Summary of findings

day of our inspection. We reviewed patient feedback gathered by the practice through patient surveys and comments from the NHS Friends and Family Test. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented staff were caring, respectful and they had confidence in the dental services provided. Patients told us they had no difficulties in arranging routine or emergency appointments and staff put them at ease and listened to their concerns.

Our key findings were

- We found the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine or emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owner and practice manager.

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 to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control; the management of medical emergencies at the practice and dental radiography (X-rays). There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

The practice followed procedures for the safe recruitment of staff and had systems in place to support them carry out their work.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support.

Are services caring?

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

We looked at 17 CQC comment cards patients had completed prior to the inspection and spoke with five patients on the day of the inspection. Patients were overwhelmingly positive about the care they received from the practice, felt fully involved in making decisions about their treatment and listened to. The practice provided patients with information to enable them to make informed choices about treatment. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took these into account in how the practice was run. Patients could access routine treatment and urgent dental care when required. The practice had a ground floor treatment room and a portable ramp into the building for patients with restricted mobility and families with prams and pushchairs. There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

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 identified, assessed and managed clinical and environmental risks related to the service provided. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits to monitor that improvement had been maintained. The practice had systems in place to seek and act upon feedback from patients using the service. They shared the suggestions received with patients and described the changes they had made.

Roe Lane Family Dental Practice

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.

This inspection took place on the 8 June 2016. The inspection team consisted of a CQC inspector and a dental specialist advisor.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with the principal dentist, two associate dentists, three dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had an incident reporting policy which included information and guidance about the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

We reviewed incidents that had taken place in the last 12 months and found the practice had responded appropriately. The practice was aware of their responsibilities under the duty of candour and had guidance in place to support staff. We found the practice responded to concerns and complaints in an open and transparent manner. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The Medicines and Healthcare products Regulatory Agency (MHRA), is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The principal dentist reviewed all alerts and spoke with staff to ensure they were acted upon. Information relating to alerts was retained in a file for staff to access.

Reliable safety systems and processes (including safeguarding)

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Rubber dams were used in root canal treatment 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.

We reviewed the practice's policies and procedures for safeguarding vulnerable adults and children using the service. These were reviewed annually and provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams in the Sefton area. The principal dentist was the safeguarding lead professional for the practice and had been appropriately trained for this role. The practice identified safeguarding training as essential for all staff to undertake every 12 months and records showed staff had completed their annual update.

Medical emergencies

The practice had clear guidance and arrangements in place to deal with medical emergencies at the practice. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained a medical emergency resuscitation kit, including oxygen and emergency medicines. 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 including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed regular checks were carried out to ensure the equipment and emergency medicines were safe to use. The emergency medicines and oxygen we saw were all in date and stored in the downstairs surgery. Following a discussion, the principal dentist confirmed they would re-site the emergency medicines and oxygen to a more central location for ease of access for staff, particularly when the downstairs surgery was in use. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Two members of staff were trained in first aid and first aid boxes were easily accessible.

Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They

included seeking references, proof of identity and immunisation status; in addition to checking qualifications, indemnity insurance and professional registration. The practice manager told us it was their policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed 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. Records confirmed these checks were in place.

We looked at the files of two members of staff who had been recruited in the last 12 months and found they contained appropriate documentation. There was a comprehensive induction programme in place for all new staff to familiarise themselves with how the practice worked. This included ensuring staff were knowledgeable about the health and safety requirements of working in a dental practice such as fire procedures, accident and incident reporting and the use of personal protective equipment.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There was a comprehensive health and safety policy and set of procedures in place to support staff, including for the risk of fire, manual handling and security. The practice maintained a detailed record of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, electrical equipment, radiation and pregnant staff. They identified significant hazards and the controls or actions taken to manage the risks. All risk assessments were reviewed annually to ensure they were being effectively managed. The practice audited the safety of the building annually. Following a tour of the building the principal dentist planned to complete a risk assessment regarding the safe and secure storage of equipment (including sharp instruments) in the treatment rooms, as these did not have locks in place.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly serviced. Evacuation instructions were available in the waiting and reception areas and staff were knowledgeable about their role in the event of a fire. The principal dentist was the fire marshal for the practice and had attended training for this role. Annual fire drills to practice the evacuation procedures were carried out. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. These were detailed and specific to the running of the practice, dated and regularly reviewed. 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.

The practice had a detailed business continuity policy and disaster recovery plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included an agreement with two other dental practices in the area to provide services to their patients. The plan included procedures to follow in the case of equipment failure, environmental events such as flooding or fire and staff illness. The policy kept up to date contact details for staff and support services.

Infection control

The practice manager was the infection prevention and control lead professional and they worked with the principal dentist to ensure there was a comprehensive infection prevention and control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed guidance about 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to support staff in following practice procedures. For example, posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed in all treatment rooms.

We observed the four treatment rooms appeared clean and hygienic; they were free from clutter and had sealed floors

and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control. Patients were positive about how clean the practice was.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection prevention and control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members. We noted the practice had cleaning schedules and daily checks for each treatment room which were complete and up to date. We observed that the mops used for cleaning the treatment rooms were not stored in accordance National Patient Safety Association (NPSA) guidance on the cleaning of dental premises as they were in contact with each other. The practice manager rectified this immediately.

Decontamination procedures were carried out in the treatment rooms and there was a clear separation and flow from a dirty to a clean area to reduce the risk of cross contamination. The principal dentist told us that if possible they used a vacant treatment room to carry out decontamination procedures. The practice had plans in place to extend the premises and create a separate decontamination room as recommended in HTM 01-05.

A dental nurse showed us the procedures involved in cleaning, inspecting, sterilising, packaging and storing clean instruments. The practice routinely manually scrubbed then used an ultrasonic cleaner to clean the used instruments. Staff examined the instruments using an illuminated magnifying glass to check for any debris or damage and sterilised them in an autoclave (a high temperature high pressure vessel used for sterilisation). Sterilised instruments were then placed in sealed pouches with a use by date. There were sufficient instruments available to ensure the service provided to patients was uninterrupted. Staff wore eye protection, an apron, heavy duty gloves and a mask throughout the decontamination process. The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place.

Records showed a risk assessment for Legionella was carried out in 2015 and the recommended measures advised by the report were in place. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease.

Staff received an update regarding infection prevention and control and hand hygiene annually. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results showed the practice was meeting the required standards.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) was carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had systems in place regarding the prescribing, dispensing, recording and stock control of the medicines used in the practice. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. NHS prescription pads were securely stored and were stamped at the point of issue to maintain their safe use. A log of all prescriptions issued and medicines dispensed was retained by the practice to provide a clear audit trail of safe prescribing and dispensing. The dentists used the British National Formulary to keep up to date about medicines.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** Staff authorised to carry out X-ray procedures were clearly

Are services safe?

named in all documentation and records showed they attended training. X-rays were were stored within the patient's paper dental care record. Waste chemicals were stored and disposed of appropriately.

We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent audit in May 2016 confirmed they were meeting the required standards which reduced the risk of patients and staff being subjected to further unnecessary radiation. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed a sample of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. For example, we saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used 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.

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. Medical history checks were updated at least every 12 months and staff routinely asked patients at every visit if there had been any changes to their health conditions or current medicines being taken. The electronic records ensured that if a patient was taking any medication that might compromise their dental treatment this was flagged up on the computer screen to clinical staff as an alert.

The practice kept up to date with current guidelines and research in order to continually 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 wisdom teeth removal, antibiotic prescribing and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's dental care record and these were reviewed in the practice's programme of audits. This reduced the risk of patients being subjected to unnecessary X-rays.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health. Health promotion leaflets and posters were available in the waiting room.

Staffing

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Mandatory training was identified and included basic life support, information governance, safeguarding and infection prevention and control. Records showed staff were up to date with this learning. The practice manager kept comprehensive records of staff training to monitor that mandatory training and training identified in personal development plans were being completed.

Dentists and dental nurses told us they had good access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental

Are services effective?

(for example, treatment is effective)

services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. The practice manager had introduced a system to support dentists follow up referrals. Staff meeting minutes showed staff were reminded of the importance of keeping this information up to date. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice had a detailed consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Staff described the role family members and carers might have in supporting the patient to understand and make decisions. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had update training annually regarding the MCA and its relevance to the dental team.

Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The dental care records we looked at showed treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

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 dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinets. 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. Staff were aware of the importance of providing patients with privacy and told us there was always a room available if patients wished to discuss something with them away from the reception area. Staff had access to training and written guidance regarding information governance, data protection and confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 17 completed CQC patient comment cards and obtained the views of five patients on the day of our visit. These provided a positive view of the service the practice provided. Patients commented they were treated with respect and dignity and that staff were sensitive to the individual needs of their patients and on reducing patient anxiety. 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 with indicative costs where necessary. A poster detailing NHS and private treatment costs was displayed in the waiting area. We saw evidence in the dental care records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open 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 treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details and how to make a complaint. The practice provided patients with information about the services they offered in the waiting room, in the practice leaflet and on the practice website. We looked at the practice's electronic appointment system and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours.

The practice offered early morning appointments and operated extended opening hours until 7pm one day each week to support patients to arrange appointments in line with other commitments. The practice scheduled longer appointments with the dentist to meet patient needs. The practice supported patients to attend their forthcoming appointment by having a telephone reminder system in place. Patients who commented on this service reported this as helpful.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The practice had made adjustments to accommodate patients with restricted mobility. There was a portable ramp and a large downstairs surgery suitable for wheelchairs and pushchairs. An audio loop system was available on the reception counter for patients with a hearing impairment. Staff had access to a telephone interpreter service to support patients with English as a second language.

Staff were knowledgeable about the support patients required, for example the principal dentist had learnt to finger spell to support a patient who used that signing system as a means of communication. The practice had accessed training to help them support patients suffering from dementia and had purchased a dexterity pen and a range of protective glasses for patients. The practice were committed to ensuring easy access for all patients when they designed their proposed building extension. The practice audited the suitability of the premises annually and the most recent audit in 2015 identified improvements the practice could make, for example by providing a downstairs toilet facility.

Access to the service

The practice's opening hours were 8.15am until 7.00pm each Monday and from 8.45am until 5.45pm Tuesday to Friday. The practice displayed its opening hours in their premises, in the practice information leaflet and on the practice website. There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Patients confirmed they felt they had easy access to both routine and urgent appointments.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to make a complaint, how complaints would be addressed, and the time frames for responding was seen in the patient leaflet and in the waiting room. The practice had received one complaint in the last 12 months which had been responded to in line with its policy.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and practice manager had day to day responsibility for running the practice and they had systems in place to monitor the quality of the service. They took lead roles relating to the individual aspects of governance such as responding to complaints, risk management and audit, health and safety, equipment and staff support. The practice was a member of the British Dental Association's Good Practice Scheme. (The BDA Good Practice Scheme is a framework for continuous improvement run by the BDA) The principal dentist told us they were supported in how they monitored the quality of the service through this scheme. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

There was a comprehensive range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about, incident reporting, data protection and confidentiality. We noted policies and procedures were kept under review by the practice manager on a regular basis and updates shared with staff.

Leadership, openness and transparency

Strong and effective leadership was provided by the practice owner and an empowered practice manager. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach. Staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or the practice owner.

There were effective arrangements for sharing information across the practice including informal meetings and six weekly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback. Time was allocated to complete team training, for example for emergency resuscitation and basic life support.

Learning and improvement

We found there was an extensive rolling programme of clinical and non-clinical audits taking place at the practice to monitor and continually improve the quality of the service. This included infection prevention and control, prescribing procedures, patient waiting times, record keeping and X-ray quality. The practice had discussed the results and identified where improvement actions may be needed.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system. For example the dental nurses received an annual appraisal and personal development plan. The principal dentist told us they planned to roll out the appraisal system for the dentists and practice manager. The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC) Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff. The most recent patient survey in February 2016 showed a high level of satisfaction with the quality of services provided. The practice acted upon any issues raised and informed patients, for example of the infection prevention and control procedures in place and of the plans for extending the practice to include a downstairs toilet. The practice introduced extended opening hours and installed a bike rack following patient feedback in 2015.

The 2015 staff survey was shared with staff and additional information technology training provided as requested. Staff told us their views were sought and listened to.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results from May 2016 showed that patients would recommend the practice. Comments from the survey were scheduled to be discussed at the next staff meeting in July.