IDH Limited

Mydentist - High Street - Chasetown

Inspection Report

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Date of inspection visit: 21 August 2015
Date of publication: 24/12/2015

Overall summary

We carried out an announced comprehensive inspection on 21 August 2015 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.

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.

Safety information and significant events were well managed. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness. Risk assessments had been completed in most areas of the building where trip hazards had been identified to reduce any risk of harm to patients and staff. However risk assessments had not been completed for the steep staircase that patients had to use during the redecoration and refurbishment work was being carried out at the practice on the day of our inspection.

Staff at the practice generally had a good awareness of the principles of infection control. However we saw that a large number of instruments were scrubbed at one time under running water before being sterilised in an autoclave which is not in line with the Department of Health's guidance.

There were arrangements in place to deal with medical emergencies and staff had annual training and drills as recommended by the Resuscitation Council UK 2010 guidelines. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff had access to information to assist them when referring safeguarding concerns to the relevant agencies. There were procedures in place for recruiting new staff. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

Are services effective?

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

Consultations were carried out in line with guidance such as that from the National Institute for Health and Care Excellence (NICE).

Patients' medical histories were obtained before any treatment took place. Dentists carried out appropriate assessments to ensure they were aware of any health or medication issues which could affect the planning of patient treatment. Appropriate arrangements were in place for the safe management and prescribing of medicines. The practice had systems in place to refer patients to other practices, specialists or hospital if the treatment they required was not provided by the practice. This included patients who required specialised treatment such as conscious sedation and children with special needs. Their treatment was then monitored after being referred back to the practice after it had taken place to ensure they received all necessary post–procedure care.

The practice ensured that patients were given sufficient information about their proposed treatment and costs to enable them to give informed consent. We found that not all staff were familiar with the Mental Capacity Act 2005.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

Summary of findings

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with written treatment plans. Patients with urgent dental needs or in pain were responded to in a timely manner, often on the same day.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day or within 24 hours. We saw that the practice was accessible to the needs of patients with a physical disability. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. The practice website provided information about opening times, appointment arrangements and the availability of emergency treatment when the practice was closed. Patients were referred to other services in a timely manner.

Are services well-led?

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

Staff were supported through training, appraisals and opportunities for development. Staff were supported to maintain their professional development and skills. The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records were audited to ensure standards had been maintained. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients both through surveys and informally.

Mydentist - High Street - Chasetown

Detailed findings

Background to this inspection

Background

Mydentist - High Street - Chasetown is located in Chasetown, Staffordshire. The premises consists of five treatment rooms and a dedicated decontamination room. There are also toilet facilities, waiting areas, a reception area, an administrative office and a staff room. The practice is open Monday to Friday 8.30am to 5pm. In addition the practice provides, one late evening from 8.30am to 6.20pm and one Saturday per month from 9am to 1pm.

The practice provides NHS and private dental services and treats both adults and children. The practice offers routine dental examinations and treatment, oral hygiene and orthodontics. The practice staffing consists of a practice manager, a lead dental nurse, five dentists and nine qualified dental nurses, three of whom have a dual role as receptionists.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received 19 completed CQC comment cards from patients. Patients we spoke with, and those who completed comment cards, had commented positively about the staff and their experience of being treated at the practice. We also read reviews posted on the NHS Choices website. There were mixed reviews on NHS Choices, which the practice had responded to.

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had received formal safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about their dental care.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

Detailed findings

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

- Review staff understanding of the Mental Capacity Act 2005
- Carry out an assessment of the premises in accordance with the Equality Act 2010 and take the necessary action to reduce the risk of harm. This should include the stairs and a review of the steps located behind doors.
- Review staff adherence to safe decontamination procedures when cleaning instruments as set out in the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the practice manager. A log of significant events which included accidents and incidents was maintained. We saw that where incidents occurred such as sharp instruments or needle stick injuries these were discussed, recorded and the outcome shared as learning both within the practice and corporately with other practices within the company.

The practice responded to national patient safety and medicines alerts that were relevant to the dental profession. These were received and actioned by the practice manager. These alerts were displayed on staff noticeboards for their attention. However systems were not in place to confirm that staff had read the alerts.

The dentists and staff spoken with had a clear understanding of their responsibilities in the 'Reporting of Injuries and Dangerous Occurrences Regulations' 2013 (RIDDOR) and had the appropriate recording forms available. Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies who to contact and how to refer any concerns to agencies outside of the practice. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. Staff had undertaken safeguarding training to an appropriate level.

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). There were policies, procedures and risk assessments in place to reduce the likelihood of sharps injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. We found that safe practices were used by the dentist to protect the patients airway during root canal treatment.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support training including the use of the defibrillator (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). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and two oxygen cylinders were readily available if required. This was in line with the Resuscitation Council UK 2010 and British National Formulary Guidelines. We checked the emergency medicines and found that they were as recommended and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice had a recruitment policy which described the process followed by the practice when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and

Barring Service check was necessary. We looked at three of the staff recruitment files. We saw that all staff had received a Disclosure and Barring Service (DBS) check which was recorded on their file. DBS checks are carried out 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 had a formal company induction system for new staff. Induction training was monitored by the practice manager and training department of the parent company.

Monitoring health & safety and responding to risks

Are services safe?

We saw that the practice had comprehensive health and safety policies in place, which covered a range of issues including moving and handling, equipment, medicines and radiation. We found evidence that the practice conducted regular health and safety checks to ensure the environment was safe for both staff and patients. There were detailed risk assessments in place which had identified areas of risk in most parts of the building. These had been assessed and control measures implemented to reduce the risk of harm.

The stairs at the practice were steep and a risk assessment had not been completed to ensure that they were safe for all patients to use or any action taken to reduce any risk of harm. Staff told us that some patients with mobility problems chose to use the stairs with staff assistance. A treatment room was located on the ground floor of the building. Patients who experienced difficulties with using stairs were invited to use the treatment room on the ground floor. However due to the redecoration and refurbishment of the practice this room was not available on the day of inspection. We noted that there were insufficient notices on display to ensure that patients were aware of the areas of the practice that were not accessible to them at this time.

We also observed that there were steps behind doors that presented a trip hazard. We saw that notices were on the doors to advise patients of this. However incidents recorded in the accident book showed that a number of patients had tripped on these steps. We found that risk assessments had not been reviewed to ensure that appropriate action was considered and put in place to reduce any risk of harm.

There were other policies and procedures in place to manage risks at the practice. These included infection prevention and control audit completed in August 2015 and a Legionella risk assessment carried out in July 2014. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and they practised regular fire drills to ensure that patients and staff could be evacuated from the building in the event of a fire.

Staff told us that fire detection and fire-fighting equipment such as fire alarms and emergency lighting were regularly tested, and records in respect of these checks were completed by the company.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow. The practice used a cleaning company to undertake a thorough clean of the premises. The dental nurses, dental hygienist, dental therapist and receptionists had their own responsibilities in each area within the practice. The practice had systems in place for testing and auditing infection control procedures.

We found that there was adequate supplies of liquid soaps and hand towels except for one toilet where only hand gel was supplied (the facility was not large enough for a sink). Notices were not available within this toilet facility to recommend to patients where they could go to wash their hands with soap and water. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process. These included aprons, protective eye wear with a face visor and the practice of double gloving involved wearing disposable gloves with the additional protection of heavy duty gloves to minimise the risk of injury from sharp instruments was used.

Are services safe?

We found that instruments were not being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us. We observed that the process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments from dirty through to clean was not safely followed. We saw that a large number of instruments were scrubbed at one time under running water before being sterilised in an autoclave. We reviewed the practice decontamination procedure which clearly told staff that instruments should not be scrubbed in this way due to the risk of cross contamination from splashing of water. We discussed this with the management team who assured us that this would be addressed. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

We saw that appropriate personal protective equipment was worn by staff and provided for patients when undergoing treatment. Staff files showed that all staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of the inoculation. People who were likely to come into contact with blood products, or were at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) had been carried out on all electrical equipment. A specialist company attended at regular intervals to calibrate all

X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion. Records were maintained to confirm this. There was sufficient sterilised equipment available for patients treatment and these were rotated regularly to ensure they remained in date for use. Emergency medical equipment was monitored regularly to ensure it was in working order and easily accessible.

Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of this equipment.

Medicines in use at the practice were stored and disposed of in line with published guidance. Prescription pads were stored securely and the issuing of prescriptions was monitored.

Radiography (X-rays)

The practice could demonstrate a well maintained radiation protection file relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).There were records of the local rules along with the necessary documentation relating to the maintenance of some of the X-ray equipment. Every dental practice with radiographic (x-ray) equipment is required to provide a set of "local rules". These record all the working practices they must follow to ensure that they are safe when working with radiation and that they comply with the various regulations governing radiation in dentistry.

The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals in four of the five treatment rooms. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs were carried out when necessary.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly

Are services safe?

named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. We saw critical examination packs for only one X-ray set had been completed in May 2015.

Each dentist was responsible for grading their own X-rays for the audit. These audits were completed every six months and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients had their medical history reviewed at each appointment. The dentist was aware of any health or medication issues that could affect the planning of a patient's treatment. These included for example any current health or medical condition, underlying allergy, or patient's reaction to local anaesthetic.

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and general dental hygiene procedures. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines.

Patients requiring specialised treatment such as conscious sedation and children with special needs were referred to other dental specialists and local hospitals. Their treatment was then monitored after being referred back to the practice after it had taken place to ensure they received a satisfactory outcome and all necessary post–procedure care.

Health promotion & prevention

Due to the refurbishment of the practice patient information and advice posters had been temporarily removed from the walls and notice boards in the waiting room and reception area at the practice. Information for patients was available as leaflets which could be handed to the patient. Further information that explained the services offered at the practice was accessible in the waiting area and on the practice website. Information available included effective dental hygiene and how to reduce the risk of poor dental health. This included information on the impact of diet, tobacco and alcohol consumption on oral health.

The dentist and orthodontist provided patients with advice on how to improve and maintain good oral health. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken with were aware of the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. The dentists treated gum disease and gave advice about the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff.

Staffing

The practice employed nine dental nurses. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff training files showed details of the number of hours development they had undertaken and their training certificates were also in place. This was formally monitored by the practice manager. There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, staff would cover for their colleagues.

The practice had a corporate induction system for new staff. This was monitored by the practice manager and the training department of the company.

The practice had procedures in place for appraising staff performance. Records we reviewed showed that supervision and appraisals had taken place for all staff which included the dentists. Staff spoken with said they felt supported and involved in discussions about their personal development. Staff were supportive of each other and were always available for advice and guidance. Where areas for

Are services effective?

(for example, treatment is effective)

improvement were identified the practice manager discussed these with staff and a plan of action with timescales agreed. We saw that these were followed up and monitored.

Working with other services

The practice had systems in place to refer patients to other practices, specialists or hospital if the treatment they required was not provided by the practice. This included conscious sedation for nervous patients. The care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice who would provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process.

Consent to care and treatment

We discussed the practices policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. 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.

We found that mental capacity and consent was described within the safeguarding policy but there was no evidence to demonstrate that there were specific policies in place. The dentists and dental nurses we spoke with were aware of the need to gain valid consent from patients and understood the use of Gillick competency in young persons. Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our visit we spoke with three patients about their care and treatment; we also reviewed 19 comment cards. The patients who completed comment cards reported that they felt that practice staff were kind and caring, that they were treated with dignity and respect and were helpful and professional and friendly. We found, when we reviewed patient feedback of the practice, that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that they considered conversations held at the reception area when other patients were present. Staff members we spoke with told us that they never asked patients questions related to personal information at reception. Concerns related to confidentiality at the reception desk had been raised. We saw that the practice had appropriately addressed this and taken action to discuss these issues with staff and reinforce the importance of confidentiality and data protection. A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that care records, both paper and electronic were held securely.

Involvement in decisions about care and treatment

All patients recorded that treatment was explained and communicated clearly to them. The comment cards we received recorded that staff were always very friendly and professional. Patients commented that staff were very sensitive to their anxieties and needs. Patient's told us they felt involved in their treatment and it was fully explained to them. They said that results, examinations and treatment options were discussed with them. Patients said that they were given the time needed to consider their treatment options.

The practice provided patients with information to enable them to make informed choices about their dental treatment and the costs involved. Patients were informed about the range of treatments available in information leaflets, and notices in the practice and on the practice website. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. We looked at a sample of care records and saw that these included a summary of treatment explanations given to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality, appointments and record keeping. The practice offered mainly NHS dental treatment and private dental treatment and the costs were clearly displayed and fee information leaflets were available.

Appointment times and availability met the needs of patients. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. The practice was open late one evening a week and offered a service on one Saturday per month from 9am to 1pm. There was a local dental network which provided emergency out of hours treatment, and patients were also referred to the local NHS emergency dental treatment centre The practice's answering machine informed patients which practice they should contact during this time.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had a step free access to the rear of the premises which assisted patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs. The reception desk had a section to accommodate patients in wheelchairs. There was a toilet which was suitable for all patients'.

The waiting areas and dental surgeries located on both the ground and first floor. Staff we spoke with explained to us how they supported patients who may have additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources.

The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area, on the practice answering machine and practice website. Staff we spoke with told us that patients could access appointments when they wanted them. Patients who completed the on line survey confirmed that they were very happy with the availability of routine and emergency appointments.

Concerns & complaints

The practice had a system in place for handling complaints and concerns from patients. We noted there was good information in the waiting area telling patients how they could raise a complaint. Patient leaflets, notices in the reception area and information on the practice website included details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly.

Patients we spoke with told us they felt confident that any concerns they had would be responded to appropriately by staff.

Staff we spoke with were aware of the procedure to follow if they received a complaint. The practice manager and records showed that there had been four complaints made within the last seven months. We saw that all complaints were resolved quickly and appropriately by the practice.

The practice was also proactive in acting on and responding to negative feedback related to concerns, negative reviews and comments from patients on the NHS Choices website. Comments on the NHS Choices website were mixed. Those related to dissatisfaction with dental treatments were monitored and patients offered the opportunity to meet with the parent company's senior patient support officer so that concerns could be discussed and resolved.

Are services well-led?

Our findings

Governance arrangements

The practice had robust governance arrangements with an effective management structure. The parent company had put arrangements in place for monitoring the quality of all the processes throughout the practice.

The practice manager told us that twice weekly 10 to 15 minute informal practice meetings, known as 'huddles' were held. These were not minuted but provided the opportunity to discuss issues as they arose. However formal staff meetings were also held monthly to discuss key governance issues. For example, we saw minutes from meetings where issues such as infection control and information governance had been discussed. This facilitated an environment where improvement and continuous learning were supported.

There were a number of policies and procedures in place which underpinned staff practices. There was a process in place to ensure that all policies and procedures were kept up to date. The practice had systems in place for monitoring and managing risks to staff and patients. Risks associated with dental treatments including risks of infection control and unsafe or inappropriate treatments, premises and fire had been recognised and there were plans in place to minimise these risks.

The practice had undertaken audits to ensure their procedures and protocols were being carried out and were effective. These included audits of record keeping, treatment planning and X-rays. Lead roles, for example in radiography and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members. Where areas for improvement had been identified action had been taken.

The practice had a well-defined management structure which all staff were aware of and understood. All staff members had defined roles and were involved in areas of clinical governance.

Care and treatment records were kept electronically and we found them to be complete, legible accurate and kept secure. Patients' care records were stored electronically, password protected and regularly backed up to secure storage. The practice had policies and procedures and training which supported staff to maintain patient confidentiality and understand how patients could access their records.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said told us they were comfortable about raising concerns with the management staff. They felt they were listened to and received appropriate responses when they did so. They were aware that they could escalate concerns to external agencies, such as the Care Quality Commission (CQC), if necessary.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was a system of staff appraisals to support staff in carrying out their roles.

Learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

The practice audited areas of their practise each year as part of a system of continuous improvement and learning. These included audits of radiography for example the quality of X-ray images, care records and consent. The audits included the outcome and actions arising from them to ensure improvements were made.

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

The practice had started using the NHS Friends and Family test to gather patients' views. The results of these were not available. The practice also carried out their own ongoing patient surveys. Feedback from two patients who had completed the practice survey said they were happy with the treatment they received and confident about the quality of treatment.

Are services well-led?

The practice had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings, informal staff discussions and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.