Dr. Jimmy Vapiwala

Hadleigh Road Family Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 July 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

Hadleigh Road Family Dental Practice is a dental practice situated in a converted house in Leigh on Sea, Essex.

The practice has two treatment rooms, a combined waiting and reception area. Decontamination takes place in a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are bought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice has a principal dentist and one qualified dental nurse and two receptionists. Two part time hygienists are also employed at the practice.

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.

The practice offers general and cosmetic NHS dental treatments to adults and children.

Summary of findings

The practice is open and offers appointments between 8.30 am and 12 noon and between 2.30 pm 4.30 pm on Mondays, Thursdays and Fridays and between 8.30 am and 12 noon on Wednesdays. Evening appointments were available up to 6.30 pm on Tuesdays.

We left comment cards at the practice for the two weeks preceding the inspection. 46 people provided feedback about the service in this way. All of the comments spoke highly of the dental care and treatment that they received and the professional, attentive and caring attitude of the dentist and the dental nurse.

Our key findings were:

- There was an effective complaints system and learning from complaints was used to make improvements where this was required.
- The practice was visibly clean and clutter free and Infection control practices met national guidance.
- There were a number of systems in place to help keep people safe, including safeguarding vulnerable children and adults.
- Dental care and treatments were carried out in line with current legislation and guidelines.
- Patients reported that they were treated with respect and dignity, professional care and compassion and staff were understanding, polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- The practice provided a flexible appointments system and could normally arrange a routine appointment within a few days or emergency appointments mostly on the same day.
- The practice kept medicines and equipment for use in medical emergencies. These were in line with national guidance and regularly checked so that they were fit for use.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Governance arrangements were in place for the smooth running of the service.
- Patient's views were sought and used to make improvements to the service where these were identified.

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

- Review the procedures for carrying out root canal treatments taking into account the use of a rubber dam in line with guidance issued by the British Endodontic Society.
- Review the arrangements for monitoring the quality of records and implement a system for regular audits in respect of patient records in line with the Royal College of Surgeons - Faculty of General Dental Practice (FGDP) guidance.
- Review the arrangements checking emergency medicines and for storing temperature sensitive medicines and keep records of fridge temperatures to ensure that these are appropriate.
- Review the arrangements in place for monitoring and mitigating the risks associated with legionella and keep records of hot and cold water temperatures.
- Review the arrangements for reporting on X-rays and record the justification for X-rays in accordance with the National Radiological Protection Board (NRPB) guidelines.
- Review the arrangements for supporting patients who have a physical disability or impairment and consider making any reasonable adjustments in line with the Equality Act 2010.

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?

No action

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

The practice had effective systems and processes in place to provide safe care and treatment and to assess and minimise risks. There were a range of risk assessments in place including fire safety, health and safety and legionella. These were reviewed regularly and appropriate action taken as needed to help keep people safe. However records audits were not carried out routinely to help demonstrate that all of the appropriate information in relation to the safe delivery of patient care and treatment was recorded including the justification (reason for) X-rays.

The practice had procedures in place to safeguard children and vulnerable adults. The dentist and staff had undertaken training appropriate to their role, and understood their responsibilities in this area.

The practice was visibly clean and infection control procedures were in line with national guidance.

The cleaning and decontamination of dental instruments was carried out in line with current guidelines.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions.

The practice had a range of equipment and medicines for use in medical emergencies and these were in line with national guidance. Staff had undertaken appropriate training. Medicines and equipment available and accessible to staff. However records in respect of checks for emergency medicines and equipment were not maintained such as checking the expiry dates for medicines and fridge temperatures were not monitored and recorded.

The practice had an appropriate recruitment policy and procedure in place. No new staff had been employed within the previous 10 years.

Are services effective?

No action

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was regularly reviewed and used to plan patient care and treatment. Patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors recorded.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Patients were provided with appropriate information which detailed the treatments considered and agreed together and the fees involved. Patients' consent was obtained before their treatment commenced.

Summary of findings

Patients were referred to other specialist services where appropriate and in a timely manner.

The principal dentist and the dental nurse were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities.

Are services caring?

No action

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. A private room was available should patients wish to speak confidentiality with the dentist or reception staff. Staff had access to policies and procedures in relation to respecting and promoting equality and diversity.

Each of the three patients we spoke with said that they were treated with respect and kindness by staff. Comments on the 46 completed CQC comment cards we received also reflected patients high levels of satisfaction with how they were treated by staff. Patients indicated that staff treated them with care and kindness. They said that staff were professional, understanding and sensitive particularly when patients were experiencing pain or anxiety.

Patients said that they were able to be involved in making decisions about their dental care and treatment. Comments on the 46 completed CQC comment cards we received included statements by patients saying they were involved in all aspects of their care. They said that they were allocated enough time and that treatments were explained in a way that they could understand, which assisted them in making informed decisions.

Are services responsive to people's needs?

No action

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

Patients could access routine treatment and urgent care when required. Appointments could be booked in person, online or by telephone. The practice operated a triage system to help identify and prioritise urgent same day access for patients experiencing dental pain which enabled them to receive treatment quickly.

Patients we spoke with told us that the dentist offered a flexible service and one patient gave an example of receiving emergency dental treatment within a few hours of contacting the practice.

The practice was open and offered appointments between The practice was open and offered appointments between 8.30 am and 12 noon and between 2.30 pm 4.30 pm on Mondays, Thursdays and Fridays and between 8.30 am and 12 noon on Wednesdays. Evening appointments were available up to 6.30 pm on Tuesdays. Patients were provided with information about accessing emergency dental treatment when the practice was closed.

The practice premises were accessible. Staff told us that they did not have access to language translation services if these were required. They told us that all patients were English speaking and that they would review this should translation services be required. The practice did not have a hearing loop system to assist patients who use a hearing aid or those with impaired hearing and no assessment had been undertaken to determine if these were required.

Summary of findings

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

No action 

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

The practice team was small consisting of one dentist two dental nurses, a receptionist and two part time dental hygienists. Staff told us that they worked well as a team and they were clear about their roles and responsibilities to ensure the smooth running of the service. Regular practice meetings were held during which relevant information was shared and discussed.

The practice carried out some audits to monitor its performance and help improve the services offered. For example, risk assessments in relation to fire safety, infection control and legionella and these were regularly reviewed.

However X-ray audits which are mandatory, clinical examinations and patients' dental care records audits were not regularly carried out and checks in relation to monitoring medicines were not robust.

The principal dentist ensured that appropriate training was accessible and that learning and development needs of staff was reviewed at appropriate intervals through a process of assessment, appraisal and supervision.

The practice regularly sought and acted on feedback from patients in order to improve the quality of the service provided.

Hadleigh Road Family Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 15 July 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing patients and staff, observations and reviewing documents.

During the inspection we spoke the principal dentist, trainee dental nurse and three patients. We reviewed policies, procedures and other records relating to the management of the service. We reviewed 46 completed Care Quality Commission comment cards.

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The principal dentist told us any accident or incidents would be discussed at practice meetings or whenever they arose and the records from practice meetings confirmed this. We reviewed the practice significant event records, the accident book and the minutes from practice meetings. There had been no incidents in the last 12 months.

The principal dentist was aware of their responsibilities under the duty of candour. We were told that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The principal dentist told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were reviewed and discussed with staff, action taken as necessary and the alerts were stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. Staff had received safeguarding training in adults and children. Training in safeguarding children and young adults was up to Level 2 and they were able to demonstrate their awareness of the signs and symptoms of abuse and neglect. The practice had a whistleblowing policy which the trainee dental nurse was aware of. They told us they felt confident they could raise concerns without fear of recriminations.

The dentists told us they did not routinely use a rubber dam when providing root canal treatment to patients in accordance with the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. The dentist could demonstrate the procedures in place to minimise risks to patients and these were recorded within the patient's notes.

The practice had not carried out patient dental care record audits in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. The dentist told us that they intended to implement an on-going system for auditing patient's records in the near future.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All members of staff undertook regular training updates in training in basic life support including the use of an Automated External Defibrillator (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). Medical emergency procedures were also discussed during practice meetings.

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines and included oxygen, a range of airways and masks and portable suction equipment. Staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly. The dentist told us that emergency medicines and oxygen were checked on a regular basis, however there were no records maintained in respect of these checks. We checked the emergency medicines and found that they were of the recommended type and were in date. We found

that Glucagon was stored in the fridge in accordance with the manufacturer's recommendations; however the fridge temperatures were not monitored to ensure that this medicine was stored at the correct temperature.

Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. There had been no new staff employed as all staff had worked at the practice for more than 20 years.

We saw that all relevant staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that both members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

Monitoring health & safety and responding to risks

The practice appropriate policies and procedures and regularly undertook a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and risk assessment to identify and assess risks associated with the practice premises and equipment and which included guidance and manual handling and management of clinical waste.

There was a detailed fire safety procedure, which included procedures for dealing with fire including safe evacuation from the premises and this was reviewed annually. Staff had undertaken fire safety training and fire safety equipment was regularly checked and was last tested in October 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

Infection control

The principal dentist was the infection control lead and there was an infection control policy which was reviewed regularly. Both members of staff undertook annual infection control training including decontamination of dental instruments. We saw that the practice carried out six monthly infection control audits to test the effectiveness of the infection prevention and control procedures. All relevant staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear and had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

The practice had appropriate arrangements for the safe handling, storage and disposal of clinical waste including sharps waste. Staff had access to policies and procedures in relation to the use of and handling sharps such as needles and dental instruments. Staff we spoke with were aware of these procedures and what to do in the event of a sharps related injury.

All areas of the practice were visibly clean and uncluttered. There were systems in place for cleaning in the dental surgery, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly. Infection control audits were carried out regularly to test the effectiveness of the infection control procedures within the practice.

The decontamination of dental instruments was carried out in a dedicated decontamination room. The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). One dental nurse demonstrated that they followed the

correct procedures. The designated 'clean and 'dirty' areas within the surgeries and the decontamination room were clearly identified and staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures.

Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sink. Paper hand towels and liquid soap was also available in the toilet. Gel hand sanitisers were available in the patient waiting area.

There were procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The most recent legionella risk assessment report carried out in April 2016 identified no concerns. The practice undertook monthly test of their waterlines. However there were no records maintained in respect of checks for hot and cold water temperatures as part of the procedures for managing risks associated with legionella.

Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in December 2015 and no faults had been detected. The practice displayed fire exit signage and had appropriate firefighting equipment in place.

Records were kept in respect of checks and maintenance carried out for equipment such as the autoclave and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics and emergency medicines were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates. No other medicines were kept at the practice.

Radiography (X-rays)

The practice had a radiation safety policy.

We reviewed the practice's radiation protection file. There was evidence of the local rules. Local rules state how the X-ray machine in the surgery needs to be operated safely. The local rules were displayed in the surgery The dentist was up to date with their continuing professional development training in respect of dental radiography.

The practice carried out audits of their X-rays. The last audit had been carried out in December 2015. The National Radiological Protection Board (NRPB) guidelines recommend that these audits are carried out every six months. The December 2016 audit showed that quality grading of X-rays was well within the National Radiological Protection Board (NRPB) guidelines.

Records we reviewed showed that the justification (reason for) X-rays was not recorded in accordance with the guidelines.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information in the patient's dental care records for future reference. In addition, the dentist told us they discussed patients' life styles and behaviours such as smoking and alcohol consumption and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records. We saw from the dental care records we were shown all subsequent appointments patients were always asked about any changes to their medical history and that records were reviewed every six months. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The records showed routine dental examinations including checks for gum disease and malignancies had taken place.

The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental care records these discussions took place and the options chosen and fees were also recorded. Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as treatments under conscious sedation techniques (Conscious sedation are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation) or complex endodontic (root canal) treatments were referred to other local dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a small range of information that explained the services offered at the practice including information about effective dental hygiene and oral care in the surgery.

The dentist advised us they provided advice in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this.

Staffing

The dentist and dental nurses were currently registered with their professional body. Staff provided documents which showed that they were maintaining their continuing professional development (CPD) to maintain update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

The dentist and other members of staff told us that they worked well as a team. There were ongoing training and development opportunities available staff were supported and undertook an annual appraisal of their performance from which areas for personal development were identified and planned for. Records showed that staff had undertaken training in areas including basic life support, infection control and safeguarding children and vulnerable adults, health and safety and fire safety and information governance.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations.

The dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for suspected oral cancer.

Consent to care and treatment

No action

Are services effective?

(for example, treatment is effective)

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. These procedures were in line with current legislation and guidance including the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. The dentist could demonstrate that they understood their responsibilities in relation to this.

The dentist described how they would obtain consent from patients who they thought would experience difficulty in understanding their treatment and / or consenting to this. The process described was consistent with the provisions of the MCA. They could also demonstrate that they were aware of the need to determine parental responsibilities when obtaining consent in relation to the treatment of children.

Staff ensured patients gave their consent before treatment began. Patients and staff told us that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced. Patients said that they were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to confidentially they would speak to them in a private room.

Staff understood the need to maintain patients' confidentiality. The dentist was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely.

Comments made by patients we spoke with on the day and on the 46 completed CQC comment cards were very complimentary about the service received. People told us that the dentist and nurse were particularly kind and respectful, and that the receptionist was welcoming and helpful. They said that the dentist was caring and gentle particularly when treating patients who were experiencing anxiety or dental pain.

Involvement in decisions about care and treatment

Each of the three patients we spoke with said that the dentist involved them in making decisions about their dental care and treatment. Patients told us that the dentist explained their treatments in a way that they could understand. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment. Comments made by patients who completed the CQC comment cards also confirmed that patients were involved in their care and treatment.

The dentist demonstrated that they understood the principles of the Gillick competency test and applied it. The 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 about their care and treatment. They also understood their roles and responsibilities to determine parental responsibilities when treating children. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the waiting area described the range of services available, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure. A range of information leaflets on oral care and treatments were available in the practice.

The practice was open and offered appointments between 8.30 am and 12 noon and between 2.30 pm 4.30 pm on Mondays, Thursdays and Fridays and between 8.30 am and 12 noon on Wednesdays. Evening appointments were available up to 6.30 pm on Tuesdays. The practice leaflet advised patients about how they could access emergency dental treatment when the practice was closed.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The dental practice was located on the ground and first floor of a purpose adapted building. There was a dental surgery located on the ground floor which was accessible to patients as needed. The premises had disabled access toilet facilities and sufficient space to accommodate patients who used wheelchairs. There was step free access from street level into the surgery.

We saw that the practice had equality and diversity policy and staff demonstrated that they understood this and adhered to this. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The dentist told us that they had they did not have access to translation service for patients whose first language was not English. They told us that all patients were English speaking and that they would review this should translation services be required. The practice did not have a hearing loop system to assist patients who use a hearing aid or those with impaired hearing and no assessment had been undertaken to determine if these were required.

Access to the service

Patients who we spoke with told us that they could always get an appointment that was convenient to them. They said that they had always been able to access an appointment on the same day if they needed urgent treatment. Patients who completed CQC comment cards also said that could access the service in a timely way. The dentist told us that priority would be given to patients who required urgent dental treatment.

Staff and patients told us that appointments generally ran to time and that they did not have to wait too long to be seen. The dentist told us that they advised patients if they were running behind time.

For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS 111 service. Callers would then be directed to the relevant out of hour's dental service for treatment.

Concerns & complaints

The practice had a complaints policy and procedures. This was in line with its obligations to investigate and respond to complaints and concerns.

Information which described how patients could raise complaints was displayed in the waiting and in the practice patient leaflet. The dentist was responsible for investigating and responding to complaints.

Each of the three patients we spoke with told us that they were aware of the complaints procedure. They said that they had not needed to complain and felt confident if they did raise concerns that these would be dealt with fairly and promptly.

Records we viewed showed that these complaints were processed in accordance with its complaints policy. We saw that an acknowledgement letter and a copy of the practice complaints code were sent to patients within three days of receipt of complaints. A full response and an apology was sent once the complaint had been investigated. Patients were made aware of their rights to escalate their complaint should they remain dissatisfied with the outcome or the way in which their complaint was handled.

We saw that complaints, where they arose, were discussed with staff during practice meetings and that learning from these was shared and used to make improvements to the service and patients experience where this was required.

No action

Are services well-led?

Our findings

Governance arrangements

The practice had some governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, health and safety policy and an infection prevention and control policy. The policies and procedures were accessible and reviewed regularly to reflect the day to day running of the practice.

We found the practice had audits of various aspects of the service such as X-ray audits in accordance with the guidelines; however these were carried out infrequently. The practice had not carried out a recent audit of patient records.

The practice had some systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of patients. These included arrangements for safeguarding patients from the risk of abuse, identifying and managing risks of cross infection, fire and legionella. However there were some areas where improvements were needed including more robust monitoring and recording in relation to the storage of medicines and patient record keeping.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us that they enjoyed working at the practice and a number of staff had worked there for over 20 years. They said that the staff team worked well together were aware of their roles and responsibilities and supported each other.

The dentist demonstrated that they understood and discharged their responsibilities to comply with the duty of candour and told us if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

Learning and improvement

The dentist and the dental nurses maintained their own training records. They were up to date with their mandatory training. The practice had a process to review the training, learning and development needs of staff. We was that regular staff meetings were held where any areas for improvement arising from complaints, audits and monitoring or changes to legislation or guidance were discussed and acted on to improve the services.

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

The practice participated in the NHS Friends and Family Test and encouraged patients to complete these surveys and to make comments about their experience and the treatment they receive. We looked at the results of these surveys, which were reviewed by the practice each month and discussed with staff to address any areas for improvement. These showed that 100% of patients who completed the surveys were either extremely likely or likely to recommend the practice to friends and family.

Staff told us they had the opportunity to share information and discuss any concerns or issues during their daily interactions and regular staff meetings. The records from practice meetings confirmed this and we saw that staff were able to contribute comments and suggestions about the running of the practice.