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Dental Practice 2

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 September 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

Dental Practice 2 is situated in the Gosforth area of Newcastle, Tyne and Wear. It offers mainly NHS dental treatments to patients of all ages but also offers private options. The services include preventative advice and treatment, routine restorative dental care, orthodontics and dental implants.

The practice has three surgeries, a decontamination room, a waiting area, a reception area, a seminar room and an X-ray room. The reception area, waiting area, X-ray room and two of the surgeries are on the ground floor of the premises. The other surgery is on the first floor.

There is step free access to the premises and a ground floor accessible toilet. The practice is a training practice for newly qualified dentists or dentists from overseas (foundation dentist). Training practices have been approved by the regional postgraduate deanery to provide education supervision to foundation dentists.

There are six dentists (including a foundation dentist), one dental hygiene therapist, four dental nurses (including two trainee dental nurses) and a practice manager. The dental nurses also cover reception duties on a rota basis.

The opening hours are Monday to Wednesday from 9-00am to 5-30pm, Thursday from 8-30am to 5-00pm and Friday from 8-30am to 4-30pm.

Summary of findings

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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.

During the inspection we received feedback from 18 patients. The patients were positive about the care and treatment they received at the practice. Comments included that staff were friendly, helpful and charming. They also commented that the premises were always clean and hygienic and they felt safe and comfortable.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had an effective complaints system in place.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- There were some gaps in the servicing history of the Orthopantomogram (OPG) machine.
- There was an accessible toilet but this was partially obstructed by an X-ray machine.

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

- Review the process for checking medical emergency equipment and medicines.
- Review the availability of a plinth under the handwashing sink in the decontamination room.
- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the safe use of X-ray Equipment.
- Establish whether the practice is in compliant with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Review its responsibilities to the needs of people with a disability and the requirements of 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.

Staff told us they felt confident about reporting incidents, accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. There was no glucagon in the emergency drug kit and the adult AED pads were out of date. Both of these issues were addressed on the day of inspection.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. We saw the decontamination room cupboard was not sealed to the floor and the significant gap made cleaning this area difficult.

We noted there were some gaps in the servicing and quality assurance history of one of the X-ray machines. We also noted that some of the suggestions made at the acceptance test of the Orthopantomogram (OPG) machine had not been implemented.

Are services effective?

No action

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The dentists monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Summary of findings

Are services caring?

No action

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

During the inspection we received feedback from 18 patients. Patients commented that staff were friendly, helpful and charming. They also commented that they felt safe and comfortable.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

The practice owner had set up a charity named “Smiles across Nepal”. This charity depends on donations and voluntary work. Volunteers travel to Nepal to provide emergency dental care and oral health education to individuals in Nepal.

Are services responsive to people’s needs?

No action

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

The practice had an efficient appointment system in place to respond to patients’ needs. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients’ complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments for patients with a disability or limited mobility to access dental treatment. We noted the accessible toilet was partially obstructed by an X-ray machine. The practice were aware of this issue and had a plan to move this piece of equipment.

Are services well-led?

No action

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

There was a clearly defined management structure in place and staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. The practice owner was an effective clinical lead.

Effective arrangements were in place to share information with staff by means of monthly practice meetings which were well minuted for those staff unable to attend.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

Summary of findings

They conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

Dental Practice 2

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

During the inspection we received feedback from 18 patients who used the service. We also spoke with two 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 clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We reviewed a significant event which had occurred in the last 12 months. This had been well documented and action taken as a result of it. Any accidents or incidents would be reported to the practice manager and where appropriate would also be discussed at staff meetings in order to disseminate learning.

Staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice did not have a robust system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). This was raised with the practice manager and we saw they registered to receive alerts on the day of inspection.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These 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. The practice manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. Staff were familiar with the signs and symptoms of abuse. There had not been any safeguarding referrals made but staff were confident to do so.

The practice had systems in place to help ensure the safety of staff and patients. These included a robust sharps risk assessment which included the use of a safer sharp system, a protocol whereby only the dentist handles sharps and guidelines about responding to a sharps injury (needles and sharp instruments). They also had a process to remove used matrix bands in the surgery to prevent them having to be dismantled in the decontamination room.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw that patients' clinical records were computerised; password protected and regularly backed up to secure storage to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets. The practice was moving towards being paper free in the near future.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. The practice had an Advisory 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 and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff knew where all the emergency equipment and medicines were kept.

We checked the emergency equipment and medicines and found there was no glucagon and the adult AED pads went out of date in February 2016. We noted on the weekly checklist for the emergency medicines and saw that glucagon was not on the list. We raised this issue with the practice manager and practice owner and saw the glucagon and new adult AED pads were ordered the same day and the checklist was modified appropriately. All other medicines and equipment was in date and in line with the guidance from the British National Formulary and the Resuscitation Council UK.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. The practice manager had a checklist to follow to ensure all relevant documentation

was obtained prior to the new recruit starting. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed 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. We reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance that professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were risk assessments in place to manage risks at the practice. These included slips and trips, trainee dental nurses, pregnant workers, carbon monoxide and lone workers.

A fire risk assessment had been carried out and was reviewed on an annual basis. The practice carried out six monthly fire drills and all equipment related to fire was serviced and checked regularly.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances, for example in its blood or mercury spillage procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the 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)'.

Staff had completed infection control training and it was also covered in detail during the induction process.

We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned and colour coded mops and buckets for each area. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was stored securely for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave (a device for sterilising dental and medical instruments). Instruments were appropriately bagged and stamped with a use by date one year from the day of sterilisation.

The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear. We noted a cupboard in the

decontamination room was not sealed to the floor. This made cleaning difficult and the significant gap could allow dirt to accumulate. This was raised with the practice owner and we were told a solution would be found.

The practice had systems in place for daily and weekly quality testing of the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in August 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. An action plan had been formulated and action undertaken as necessary. The audit showed the practice was meeting the required standards.

The practice manager undertook random spot checks on instruments and surgeries to ensure the appropriate level of cleanliness was maintained. We looked at a selection of instruments and found them to appear clean, in good condition and free from debris.

Records showed a risk assessment process for Legionella had been carried out in August 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, the use of a water conditioning agent in reverse osmosis water, monitoring cold and hot water temperatures each month and quarterly tests on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as the autoclaves and the compressor. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) was completed on an annual basis (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Prescriptions were stamped only at the point of issue.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. We saw there were some gaps in the servicing history of the Orthopantomogram (OPG) machine. This was raised on the day of inspection and we later received evidence this had been completed. The practice assured us a procedure was put in place to prevent this from occurring again.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits had been completed. This included assessing the quality of the X-rays which had been taken. An action plan had been put in place to continuously improve the quality of X-rays taken and avoid having to retake X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, quality assurance of each x-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

One of the dental nurses was currently enrolled on the oral health educator's course and was due to take the final exams soon. Once passed they intend to provide oral health advice to patients as required.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health and the link to oral cancer. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The practice manager was currently reviewing the induction procedure to make it more relevant and role specific. The induction process included a detailed explanation of the infection control procedures, the location of emergency medicines and the fire escape procedure. Staff would also be given a copy of the practice handbook which includes copies of the important policies. As part of the induction process new recruits had regular meetings with the practice manager to ensure they were happy and to identify if any further training is required.

The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. The practice manager would also prompt staff to complete training on a regular basis.

The practice employed a dental hygiene therapist. Dental hygiene therapists are trained dental care professionals

Are services effective?

(for example, treatment is effective)

who are qualified to undertake certain treatments, for example, fillings, periodontal treatments and the extraction of deciduous teeth. The dentists could refer patients for such treatments to the dental hygiene therapist.

Staff had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents from July 2016. Any areas for improvement were highlighted and appropriate support was put in place.

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 current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including oral surgery and sedation. Patients would be given a choice of where they could be referred and the option of being referred privately for treatment. The practice kept up to date waiting list times for the local orthodontists so patients could be referred to the one with the shortest waiting time.

The dentists completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a procedure for the referral of a patient with a suspected malignancy. This involved a fax to the local hospital followed up by a call. The contact numbers for the hospital were readily available to all staff.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentists described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff had undertaken training and had a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told and saw evidence in the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed, the associated costs and any potential risks related to the treatment. Patients were given time to consider and make informed decisions about which option they preferred. The dentists were aware that a patient could withdraw consent at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment. The waiting area was also sited away from the reception area so any conversations would not be overheard.

We observed staff to be helpful, discreet and respectful to patients. Staff told us that if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented that they felt involved in their treatment and it was fully explained to them. Staff described 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 saw models of dentures and implants which could be used to describe different treatment options to patients. There were also mounted screens in each surgery which allowed the dentists to show patients X-rays in more detail.

Patients were also informed of the range of treatments available in the practice information leaflet, on the practice website and in a letter sent out to all new patients. There was a great deal of information about treatments on the practice website. There were photographs and pictures of what patients can expect during and after treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

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. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a ramp to access the premises, a lowered reception desk and a ground floor accessible toilet. The accessible toilet was situated in an area which was partially obstructed by the OPG X-ray machine. We were told if this toilet was needed the arm of the X-ray machine could be lifted. As part of the practice's future maintenance plan we saw they were looking at moving the OPG machine to allow full access to the toilet.

The ground floor surgeries were large enough to accommodate a wheelchair or a pram. We were told that any patients who felt like they needed assistance could ring up beforehand and ask for this to be available. There was also CCTV positioned outside so staff could monitor if anyone needed assistance.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website. The opening hours are Monday to Wednesday from 9-00am to 5-30pm, Thursday from 8-30am to 5-00pm and Friday from 8-30am to 4-30pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service, displayed in the waiting area, on the practice website and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room and in the practice information leaflet. The practice manager was responsible for dealing with complaints when they arose. Staff told us that they aimed to resolve complaints in-house initially. 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 helped ensure a timely response. We reviewed the complaints which had been received in the past 12 months and found they had been responded to in line with the practices policy and to the patient's satisfaction.

The practice manager kept a log of any complaints which had been raised. This included the nature of the complaint, the date it had been acknowledged, the date a response had been provided and a conclusion including any actions taken as a result. Any complaints would be discussed at staff meetings in order to disseminate learning and prevent recurrence. We saw that as a result of one particular complaint further staff training had been conducted.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to slips, trips and falls, trainee dental nurses, pregnant workers, carbon monoxide and lone workers.

There was an effective management structure in place to ensure that responsibilities of staff were clear. We observed clear leadership and the practice owner was an effective clinical lead within the practice. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. The practice manager was aware of their responsibilities under the Duty of Candour.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as infection prevention and control, stocking issues, training needs and practice specific issues.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as infection prevention and control, X-rays and dental care records. We looked at the audits and saw the practice was generally performing well. Action plans were in place to continuously strive for improvement. We saw the practice had recently started an internal peer review group for all the dentists and the practice manager. This was an opportunity to discuss audit results and discuss complex treatment plans.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment box in the waiting room. The satisfaction survey included questions about the appearance of the practice, whether the staff were friendly, the appointment waiting time and whether they felt listened to.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said that they would recommend the practice to friends and family.