

Butt Lane Dental Surgery

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Inspection Report

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Overall summary

We carried out this announced inspection on Monday 11 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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 not providing well-led care in accordance with the relevant regulations.

Background

Butt Lane Dental Surgery is in Talke, Stoke on Trent and provides NHS and private treatment to adults and children.

A portable ramp is available to provide access for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the road at the front of the practice and on side roads near the practice. There is a car park within a short walk of the practice.

Summary of findings

The dental team includes two dentists, five dental nurses, two dental hygiene therapists, a cleaner, an administration assistant and a receptionist. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Butt Lane Dental Practice is the principal dentist.

On the day of inspection, we received feedback from 33 patients.

During the inspection we spoke with the principal dentist, four dental nurses, one dental hygiene therapist and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Tuesday 11am to 2pm and 3pm to 7pm. Wednesday 8.15am to 12.15pm and 1.30pm to 4.15pm. Thursday and Friday 9am to 1pm and 2pm to 5pm.

Our key findings were:

- We received positive feedback from patients about the staff and the dental care they received at the practice.
- The practice appeared visibly clean and well maintained. We noted that the practice did not have all of the appropriate cleaning equipment required.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. Some risk assessments completed by external professionals had passed their expiry date. A further risk assessment was completed following this inspection.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.

- Quality assurance systems such as clinical audit required improvement. The infection prevention and control audit did not have any learning outcomes or actions recorded. Practice meeting minutes recorded brief details of discussions held regarding audits.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and

Summary of findings

Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular review the provision of cloth seating and carpeted areas in dental treatment rooms.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice did not have all of the colour coded mops required and those available were not stored correctly. Areas of the first-floor dental treatment rooms were carpeted. Cloth chairs were also available. This is not in compliance with HTM 01-05.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies.

We were not shown evidence to demonstrate that emergency lighting was being serviced on a regular basis. Staff were monitoring emergency lighting and had identified issues. Documentation regarding this was not dated and there was no documentary evidence to demonstrate that action had been taken to address this. Following this inspection, we were sent evidence to demonstrate that the emergency lighting faults had been repaired in March 2018.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, second to none and pain free. We were told that dentists discussed treatment with patients so they could give informed consent, verbal consent was not always recorded in patient records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were always friendly, brilliant and professional.

They said that they were given helpful, detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. We were told that the dentist made them feel at ease and helped to relieve their fears about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. Extended opening hours were provided two evenings per week.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. A portable ramp was available to enable those who used wheelchairs to access the practice. One of the treatment rooms was located on the ground floor. The practice had access to telephone interpreter services but had not used these recently. Staff were aware of patient's individual communication needs and felt that these were met. The practice did not have a hearing loop but currently staff felt that this was not required.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

There was a clearly defined management structure and staff felt supported and appreciated.

We identified a number of shortfalls in the practice's governance arrangements including a limited amount of audits and risk assessments.

There was a lack of quality assurance processes to encourage learning and continuous improvement. Not all appropriate cleaning equipment was available and this was not stored appropriately. We saw one infection control audit and

Requirements notice



Summary of findings

were told that another audit had been completed in August 2018. There was no documentary evidence of learning outcomes or actions taken. A copy of the August 2018 audit was forwarded following this inspection as well as a copy of the minutes of a staff meeting in which this audit was discussed. The practice was not completing prescribing audits.

Not all dental records seen had been completed taking into account the guidance provided by the Faculty of General Dental Practice.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. A dental nurse was the safeguarding lead and staff spoken with were aware whom within the practice they should report safeguarding concerns to. We saw evidence that staff received training regarding safeguarding adults. We were told that the whole staff team were completing safeguarding children training on 13 February 2019. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had information for staff to help them identify and report adults that were in other vulnerable situations. For example, the practice had information for staff regarding the legal duty for dental professionals to report female genital mutilation.

The practice had a whistleblowing policy. The policy recorded that staff could report concerns to the principal dentist or administration assistant. A leaflet was also available which gave information about an external organisation staff could contact if they did not wish to speak to someone connected with the practice. Staff felt confident they could raise concerns without fear of recrimination.

Latex free dental dam kits were available, however there was no evidence on patient dental records to demonstrate that dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Dental records did not detail any risk

assessments or information regarding other methods used to protect the airway. Dental care records did not record the solution used to irrigate the tooth during root canal treatment.

The practice did not have a specific recruitment policy but had other policies and procedures to help them employ suitable staff. For example, there was a policy regarding disclosure and barring checks (DBS) and an equal opportunities policy. We looked at six staff recruitment records and noted that relevant legislation had been followed. The practice did not have a high staff turnover with the majority of staff having worked at the practice for over eight years.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice had systems in place to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

We saw evidence that electrical wiring had been checked in 2017, action had been taken to address shortfalls identified and the system re-checked and found to be satisfactory. A gas safety certificate was available dated 7 February 2019.

Records were available to demonstrate that an external professional had completed checks on portable electrical appliances in January 2017, these were due to be re-checked in January 2020. Staff had developed an electrical equipment checklist. This recorded electrical items available at the practice.

A fire risk assessment had been completed by an external company in May 2016; this recorded an expiration date of March 2018. A member of staff from the practice had signed the document stating that it had been reviewed annually. Staff had signed to confirm that all issues identified had been actioned. Following this inspection, we were sent evidence to demonstrate that the external company would be completing a further fire risk assessment at the practice on 13 February 2019.

The practice had developed a log for checking the fire alarm, smoke detector and emergency lights monthly. There were no records to demonstrate that the fire alarm or emergency lighting had been serviced. Records were kept of annual testing of emergency lights. We noted that the

Are services safe?

last entry, which was not dated, recorded a fault for six of the emergency lights. There was no evidence of any action taken to repair or replace these lights. Following this inspection, we were sent evidence to demonstrate that the faults had been repaired in March 2018 and that emergency lighting was in good working order. Records showed that firefighting equipment, such as fire extinguishers, were regularly serviced.

Records were available to demonstrate that a fire drill had taken place in May 2017 and March 2018. We were told that fire drills were undertaken at practice meetings.

The practice had some arrangements to ensure the safety of the X-ray equipment. There was no documentary evidence to demonstrate that the practice was carrying out simple in-house function checks on X-ray equipment. There was evidence of three yearly assessments being completed. Copies of local rules were available and were completed and up to date.

X-ray equipment was not fitted with a rectangular collimator. Rectangular collimation is good practice as it reduces the radiation dose to the patient. We were told that these were available but were kept in a drawer and not used.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety although improvements were required.

The practice's health and safety policies, procedures were reviewed regularly to help manage potential risk.

A health and safety compliance audit had been completed by an external company in 2016. The practice had completed risk assessments regarding visual display units and the office environment. Some standardised risk assessments were available but had not been completed. For example, there was a risk assessment regarding manual

handling and pregnant and nursing mothers. Following this inspection, we were sent evidence to demonstrate that a further health and safety compliance audit was to be completed on 13 February 2019.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. The practice was using in safe sharps. The practice had not completed a sharps risk assessment. Details of sharps instruments in use were recorded in the practice's infection control policy.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

We discussed sepsis management and identified that sepsis management had not been discussed at a clinical meeting. There was no system in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We discussed the oxygen to be used in a medical emergency and were unable to identify if the oxygen in place was of a sufficient size. However, following this inspection we were sent evidence to demonstrate that the oxygen contained 430 litres of oxygen and allowed a flow rate of 15 litres per minute for approximately 28 minutes. The practice had considered the local emergency ambulance response times. Systems were in place to monitor and record checks of emergency medicines and equipment to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

The provider had a file of patient safety data sheets for products in use at the practice that are hazardous to health. Risk assessments had not been completed for each substance.

Are services safe?

The practice occasionally used locum staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. A hatch system was in use to transfer items to and from the decontamination room from first floor treatment rooms. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

A small area in two of the dental treatment rooms was carpeted; we also noted that flooring was not coved to the wall. HTM01-05 states that flooring in clinical care and decontamination areas should be impervious and easily cleanable. Carpets, even if washable, should not be used. Flooring should be coved to the wall to prevent accumulation of dirt where the floor meets the wall. We also noted that chairs in this area had cloth seating and would be difficult to maintain infection prevention and control standards.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was conducted by an external professional. All recommendations had been actioned and records of water testing and dental unit water line management were in place. The legionella risk assessment had an expiry date recorded of March 2017. A further risk assessment had been commissioned to take place on 13 February 2019. Staff had received in-house legionella training. We were not shown any evidence to demonstrate that the person conducting the training had themselves received appropriate training to be able to do this.

We saw cleaning schedules for the premises. We saw that only two colour coded mops were present. The practice did not have a separate mop for cleaning kitchen or toilet areas. The mops were stored in a small room in such a way that mop heads could not air dry. The practice was visibly clean when we inspected. The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We were told that the practice carried out infection prevention and control audits twice a year. We were shown a copy of the audit for February 2019 and told that the previous audit was completed in August 2018. Staff were unable to find this audit. The February 2019 audit did not record an action plan or details of any learning outcomes and did not identify the issues identified during this inspection. Following this inspection, we were forwarded a copy of the August 2018 infection prevention and control audit. We were also sent copies of practice meeting minutes which recorded that audit outcomes had been discussed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Are services safe?

The practice stored and kept records of NHS prescriptions. Staff were not following procedure when any prescription was voided. We saw that voided prescriptions were being shredded. The person who destroyed the form was not making a record of the serial number of the forms destroyed.

We were told that dentists did not routinely audit their antibiotic prescribing as recommended.

Track record on safety and Lessons learned and improvements

The practice had developed some risk assessments in relation to safety issues. The practice had completed a risk assessment regarding the office environment and first aid.

Standardised documentation was also available to be used if required. We saw that standardised risk assessment documentation was available regarding manual handling and pregnant and nursing mothers. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We were told they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to digital x-rays and intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Patient dental records that we saw did not always record that consent had been obtained. The dentist told us that they gave patients information about treatment options and the risks and benefits of these so they could make informed

decisions. Patient dental care records seen did not always demonstrate this. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We were told that the dentist spent time giving detailed explanations about treatments and was very thorough and informative. We were told that patients were always given a copy of their treatment plan.

Staff had not completed training regarding the Mental Capacity Act and not all staff showed a thorough understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on treatment decisions. We were told that staff would be encouraged to complete a training course regarding this.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance although improvements were required to record keeping. Details of dental history, basic periodontal examinations and risk assessments regarding for example, caries, oral cancer or tooth wear were not always recorded in patient dental care records.

Staff had completed an audit regarding patient medical history records.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses had completed training regarding radiography and were able to assist with taking X-rays. One of the dental nurses was trained in oral health education.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any referral to an NHS service they had made.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, caring and professional. Patients said that the service received was excellent and that staff were brilliant and put them at their ease. We saw that staff treated patients in a friendly and helpful manner and were respectful towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. We were told that the dentists made patients feel reassured and they were confident that work would be carried out in a professional and caring manner. Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Patients could choose whether they saw a male or female dentist.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. There was a waiting area on the ground and first floor which were separate to the reception area. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. Information for patients regarding individual rights to access personal information was available in the patient information folder.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards.

- Interpretation services were available for patients who did not understand or speak English.
- Staff communicated with patients in a way that they could understand. Patients told us that staff were aware of their individual needs and were helpful. The practice did not have a hearing induction loop. Staff had completed an audit to identify if this equipment was required at the practice. The results of the audit identified that at this current time a hearing loop was not required. Staff described how they supported patients with reduced vision and hearing; for example, by maintaining eye contact and speaking clearly to those patients who lip read or writing things down when needed and directing patients to chairs or supporting them with paperwork.

Staff told us that the practice gave patients clear information to help them make informed choices about their treatment. A plan outlining the proposed treatment was given to each patient so they were fully aware of what the treatment entailed and its cost. The options, risks and benefits of treatment were not always recorded in patient dental records. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We were told that treatment options were clearly explained and patients felt well informed. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice provided extended opening hours on a Monday and Tuesday evening until 7pm.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff described examples of patients who were anxious about visiting the dentist and the methods they used to try and reduce their anxiety. This included staff offering patients a drink and chatting to them to distract them whilst they waited to see the dentist. Playing the radio in the waiting and treatment rooms and staff made every effort to ensure that the dentist could see anxious patients as soon as possible after they arrived.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A portable ramp could be used by those patients with wheelchairs or pushchairs as there was a small step to gain access to the front of the building. There was a ground floor treatment room and patient toilet. Handrails were in place in corridors to aid those with mobility difficulties. Chairs of varying heights were available in waiting areas to aid those with mobility difficulties.

A disability access audit had been completed in 2016 by an external company. Following this inspection, we were sent evidence to demonstrate that a further audit was to be completed.

Letters, text and email reminders were sent to patients to remind them of their appointment. Staff also gave a courtesy call to patients following any extraction or lengthy dental treatment.

Reception staff were going through patient records, offering an appointment to patients who had not attended the practice for over two years.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Appointment slots were kept free each day to enable the dentist to see patients in dental pain. Patients were able to sit and wait to see the dentist once these appointment slots were full. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

A dental nurse was responsible for dealing with complaints. Staff would tell this nurse about any formal or informal comments or concerns straight away so patients received a quick response.

Staff at the practice aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months. We saw that the practice had received verbal complaints which had been responded to appropriately. We saw that complaints

Are services responsive to people's needs?

(for example, to feedback?)

and adverse incidents were a standard agenda item at staff meetings and we were told that the outcomes of any complaints received would be discussed with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. Staff told us that the principal dentist was visible and approachable and worked closely with staff to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

Staff told us that their priority was patient care and meeting the needs of patients. The practice leaflet gave patients information about the practice aims. A copy of the General Dental Council nine principles was on display for patients to see. This sets out what patients can expect from dental professionals.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients. Staff told us that they had a lot of patients who had been registered at the practice for many years. Patient feedback confirmed this, with patients saying they had been visiting this dental practice for over 30 years.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management. Staff knew the management arrangements and their roles and responsibilities.

Details of the lead roles held by staff were on display in the staff room.

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the practice. Two of the dental nurses supported the principal dentist with practice management tasks.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We saw that an external company had completed fire, legionella and health and safety risk assessments at the practice. A member of staff had signed these documents to confirm that they had been reviewed and there were no changes.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff were using the online NHS information governance toolkit. Two staff had completed training to be able to use this tool.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used comment cards and verbal comments to obtain patients' views about the service. Patients could use a suggestions box to forward any comments or suggestions. Staff said that comments and complaints was a standard agenda item at staff meetings, although the suggestions box was rarely used. The practice also had a social media site which they used to update patients with information. Patients could also leave comments via this site.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The NHS Choices website recorded that 91% of the 11 patients who responded to the last survey would recommend this practice.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

Are services well-led?

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement although improvements were required. We were shown a medical history audit for January 2019. The infection prevention and control audit was dated February 2019. Staff were unable to find any information for the audit completed in August 2018. The audit did not record any clear outcomes, action plans or improvements and did not identify the concerns we found during this inspection. We were sent a copy of the August 2018 audit following this inspection. We were also sent the minutes of the practice meetings in which audits were discussed and told that audit templates would be amended to include audit outcomes and action plans. The practice were not completing an audit regarding antibiotic prescribing.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses had regular appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>The registered person had not developed a sharps risk assessment and risk assessments were not available for each hazardous substance in use at the practice.</p> <p>The last infection prevention and control audit was ineffective as it had failed to identify aspects we highlighted on the inspection day. The practice had not completed an audit regarding antibiotic prescribing.</p> <p>The registered person had no system in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. Sepsis management had not been discussed at a clinical meeting.</p> <p>The registered person did not always complete dental care records taking into account the guidance provided by the Faculty of General Dental Practice.</p>