Crowstone Dental Centre Limited

Crowstone Dental Centre Westcliff

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 October 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

The practice is located within a purpose adapted residential property in Westcliff on Sea, Essex and offers a range of NHS and private preventative, restorative and cosmetic dental treatments to adult patients and children.

The practice is open and offers appointments for patients between 8am and 5pm on Mondays Wednesdays, Thursdays and Fridays and between 8am and 8pm on Tuesdays.

The practice employs 12 dentists, 16 qualified dental nurses, two trainee dental nurses, two receptionists and a practice manager. Two dental hygienists provided services at the practice

The practice is registered with the Care Quality Commission (CQC) as an organisation. The practice manager is the registered manager. 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 has 11 treatment rooms, two waiting rooms and a reception area. Decontamination takes place in a

Summary of findings

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).

We received feedback from 26 patients who completed CQC comment cards prior to our inspection visit. We also spoke with six patients during our inspection visit. Patients made positive comments about the cleanliness of the premises, the empathy and responsiveness of staff, and the quality of treatment provided. Patients told us that staff explained treatment plans to them well. Patients reported that the practice had seen them on the same day for emergency treatment.

Our key findings were:

- The practice had systems in place for investigating and learning from complaints, safety incidents and accidents. Staff were aware of their responsibilities to report incidents.
- The practice was visibly clean and clutter free. Infection control practices were reviewed and audited to test their effectiveness.
- There were systems in place to help keep people safe, including safeguarding vulnerable children and adults. There were systems for assessing risks to the health, safety and welfare of patients and staff.
- There were systems in place to assess, monitor and minimise infection control risks, including the safe handling and storage of clinical waste. However we found that clinical waste was stored in unlocked bins.
- The practice had the recommended medicines and equipment for use in the event of a medical emergency. Records were maintained in respect of the checks carried out for these medicines and equipment.
- Staff undertook training in respect of their roles and responsibilities within the practice.
- Patients reported that they were treated with respect and that staff were polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- The practice could normally arrange a routine appointment within a few days or emergency appointments mostly on the same day.
- Effective governance arrangements were in place for the smooth running of the service.
- Audits and reviews were carried out to monitor and improve services,
- Patient's views were sought and these were used to make improvements to the service where these were identified.

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

- Review the practice's waste handling policy and procedure to ensure waste is stored safely in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).

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 systems and processes in place to provide safe care and treatment and to assess and minimise risks. The practice had procedures in place to safeguard children and vulnerable adults. The practice had an appointed safeguarding lead identified to oversee and monitor the safeguarding procedures. All staff undertook regular training appropriate to their roles and staff who we spoke with 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. However we found that clinical waste was not always stored securely.

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 staff undertook regular training updates in basic life support.

New staff were appropriately recruited In line with the practice recruitment procedures.

There was a system for regularly carrying out checks and audits to monitor and assess areas such as infection control, radiology and record keeping to ensure that the practices policies and procedures and relevant guidance was followed to keep patients and staff safe.

Are services effective?

No action

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

The practice had a system of robust policies and procedures to ensure the effective delivery of care and treatment. Patient consultations were carried out in line with dental practice guidance from the National Institute for Health and Care Excellence (NICE).

There were systems in place to ensure that patient's medical history was obtained and reviewed to help the dentists identify any risks to patients. Oral assessments were carried out in line with current guidance. 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. Consent to care and treatment was sought in line with current relevant guidelines. Patients were provided with information which detailed the treatments considered and agreed together and the fees involved.

The practice had arrangements and procedures in place for promoting good oral health. The practice had worked with two local childcare nurseries to help educate pre-school aged children and promote good oral health. The practice had visited these nurseries and provided sessions

Summary of findings

to teach children correct teeth cleaning techniques. They also provided children with 'goody bags' with information and tooth cleaning products. The practice received very positive feedback from staff at the nurseries. The practice was planning to expand this programme in the future.

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

The dentists were registered with the General Dental Council (GDC). Staff were supported and provided with training and personal development to help them deliver effective dental care and treatment.

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 confidentially with the dentist or reception staff. Staff had access to policies around respecting and promoting equality and diversity.

The patients who we spoke with said that they were treated with respect and kindness by staff. They said that the dentists and dental nurses were patient, caring and understanding. Patients said that staff were helpful and treated them with kindness. They said that staff were 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. 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 register online via the practice website and appointments could be booked in person, by telephone or online. 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.

The practice was open and offered appointments between 8am and 5pm on Mondays to Fridays with late opening up to 8pm on Tuesday evenings.

The practice premises were accessible and provided step free access, dental surgeries on the ground floor and sufficient room to cater for patients who used wheel chairs or other mobility aids.

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. Complaints were investigated and responded to in a timely way and patients were provided with an apology and an explanation as appropriate.

Summary of findings

Are services well-led?

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

There were suitable governance arrangements and leadership within the practice to ensure that appropriate systems were in place to monitor and improve the quality and safety of services.

The practice had systems in place to carry out regular audits to monitor areas including health and safety, fire safety, infection control and staff training and development. Regular dental records and X-ray audits were carried out to ensure that dental treatments were carried out in line with the relevant guidance and to make improvements as needed.

There were arrangements in place to ensure that training was accessible to staff. Learning and development needs of staff were reviewed at appropriate intervals and staff received appropriate appraisal or supervision.

The practice had systems to obtain and act on feedback from patients and used this to improve the quality of the service provided.

No action

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Detailed findings

Background to this inspection

The inspection was carried out on 3 October 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.

We reviewed the information we held about the practice and information we ask the practice to provide before the inspection, including details about complaints and any significant safety events within the previous 12 months.

During the inspection we spoke with three dentists, four dental nurses, one receptionist, practice manager and six patients. We reviewed the comments made by patients on the 26 completed CQC comment cards which we sent to practice two weeks prior to our inspection visit.

We reviewed policies, procedures 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 policies and procedures in place to investigate, respond to and learn from significant events, accidents, incidents and complaints. These policies were regularly reviewed and were accessible to all staff. The dentists, dental nurses and the receptionist who we spoke with were aware of the practice reporting procedures including reporting accidents and incidents and their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Records which we were shown demonstrated that all accidents, incidents and 'near misses' were investigated, discussed during practice meetings and that learning was shared to help minimise recurrences.

The dentists and the registered manager were aware of their responsibilities under the duty of candour and there was a policy in place in relation to this. This described if there was an incident or accident that affected a patient they would be contacted and offered an apology and an explanation of what actions had been taken to address the issues.

The dentists who we spoke with were aware of recent relevant alerts 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. There were systems in place for reviewing, sharing and acting on relevant alerts.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These included the contact details for the local authority's safeguarding team, social services and other relevant agencies. Staff had undertaken role specific training and there were systems in place to ensure that staff undertook periodic training updates. All staff who we spoke with were able to describe how they would act if they had concerns about the safety or welfare of patients. They were also aware of whom to report concerns to including reporting to external agencies if required.

The practice had a whistleblowing policy which described how staff could raise concerns. Staff who we spoke with were able to demonstrate that they were aware of this policy. They told us they felt confident and supported to raise concerns without fear of recriminations.

The dentists we spoke with told us they always used 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. Patient dental records which we were shown included a record when a rubber dam was used.

The practice had systems in place to regularly carry 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 results from these audits showed that patient dental records were maintained safely with all of the relevant information recorded including details of oral examinations and dental treatments carried out.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. There were systems in place to ensure that all staff undertook regular training in basic life support. Records from practice meetings showed that medical emergency scenarios were undertaken and discussed to reinforce the practice procedures and maintain staff awareness. Staff who we spoke with were aware of their roles and responsibilities in relation to dealing with a range of medical emergencies.

The practice had the range of medicines including oxygen for use in a medical emergency as recommended by the 'Resuscitation Council UK' and British National Formulary.

The practice also had appropriate emergency equipment available including portable suction equipment, airways, an ambu-bag and 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). The emergency medicines and equipment were checked on a weekly basis to ensure that they were available, fit for use and in date should they be required.

Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of each person's identity, checking their skills, qualifications and registration with the relevant professional bodies. We reviewed the files for six members of staff including staff who started working at the practice within the previous 12 months. We saw that the recruitment procedures had been followed consistently. Disclosure and Barring Service (DBS) checks had been obtained for all staff. 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.

All new staff undertook a period of induction during which they were provided with a mentor and had the opportunity to familiarise themselves with the practice policies and procedures. Staff were also provided with a staff handbook which described their roles and responsibilities in relation to the practice policies and procedures.

We saw that all relevant 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 had a range of policies and procedures 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 appropriate safety risk assessments had been carried out to identify and assess risks associated with the practice premises and equipment. Any issues arising from these assessments were acted upon promptly and shared with relevant staff.

There were procedures for dealing with fire including safe evacuation of the premises. Staff undertook regular fire safety training and those we spoke with were able to demonstrate that they were aware of and followed the practice safety procedures. There was a detailed fire risk assessment and this was reviewed regularly. Fire safety equipment was regularly checked and fire safety procedures were discussed at practice meetings.

The practice had detailed records in respect of Control of Substances Hazardous to Health (COSHH). These included information about the risks associated with chemical agents used at the practice and how exposure to these chemicals were to be treated. 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 to include receiving COSHH updates and changes to health and safety regulations and guidance.

Infection control

There was an infection control policy which was reviewed regularly. All staff undertook regular infection control training which included decontamination of dental instruments and hand hygiene. Staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear. Records showed that all relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

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

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).

Are services safe?

The designated 'clean' and 'dirty' areas within the decontamination areas 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. Records in respect of the checks that should be carried out at the start and end of each day were also maintained.

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

The practice had procedures in place for handling sharps including needles and dental instruments, and dealing with needle stick and other sharps related injuries. These procedures were displayed in the dental surgery and staff who we spoke with could demonstrate that they understood and followed these procedures.

There were procedures in place in respect of the safe disposal of clinical waste including sharps. However we found that the clinical waste bin was unlocked. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

There were effective 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 practice had systems for carrying out regular legionella risk assessments. We found that appropriate measures were in place including regular disinfection and tests of waterlines to help detect the likelihood of any contamination.

Equipment and medicines.

The practice had systems in place for carrying out Portable Appliance Testing (PAT) 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.)

Records were kept in respect of checks and maintenance carried out for equipment such as the X-ray equipment and autoclaves 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, antibiotics 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.

Radiography (X-rays)

The practice had a radiation safety policy in place and was registered with the Health and Safety

Executive as required under Ionising Radiations Regulations 1999 (IRR99). Records we were shown demonstrated that the dentists and dental nurses were to date with their continuing professional development training in respect of dental radiography.

A radiation protection advisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR(ME)R 2000. One of the dentists was listed as the radiation protection supervisor to oversee practices and ensure that the equipment was operated safely and by qualified staff only. There was a radiation protection file available with information for relevant staff to access and refer to as needed. This file included a record of all X-ray equipment including a service and maintenance history.

There were local rules available and displayed in all areas where X-rays were carried out. Local rules state how the X-ray machine in the surgery needs to be operated safely.

The practice had systems in place to regularly check that X-rays were being carried out safely and in line with current guidance. Patient records we reviewed showed that X-rays were justified and graded. The practice had systems in place for carrying out regular audits to assess the quality of dental X-rays in accordance with the National Radiological Protection Board (NRPB) guidelines to help ensure that X-rays were appropriately justified and correctly graded to an acceptable standard.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had a range of policies and procedures in place for assessing and treating patients. All new patients to the practice were asked to provide their medical history including any health conditions, current medication and allergies. The practice recorded the medical history information in the patient's electronic dental care records for future reference and patient's medical histories were reviewed prior to each consultation and examination of their oral health. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment.

The dentists who we spoke with told us they carried out oral examinations including as assessment of patients gums and soft tissues to help identify an abnormalities. They told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. 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. We were shown a sample of patient dental records which confirmed that these discussions were held and recorded.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. There were systems in place making referrals and monitoring patients after they had undergone their treatment and were referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

The practice had systems for regularly monitoring dental records to ensure that they were detailed and accurate. Dental records which we were shown included a detailed description of the patients medical history, the dental examinations and treatments carried out and discussions held with patients about the treatment options available.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care including information on diet, alcohol and tobacco consumption and maintaining good oral hygiene.

The dentists advised us they provided advice to patients in accordance with the Department of Health's guidance '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.

The practice had worked with two local childcare nurseries to help educate pre-school aged children and promote good oral health. The practice had visited these nurseries and provided sessions to teach children correct teeth cleaning techniques. They also provided children with 'goody bags' with information and tooth cleaning products. The practice received very positive feedback from staff at the nurseries. The practice was planning to expand this programme in the future.

Staffing

The dentists and dental nurses working at the practice were currently registered with their professional body and there were arrangements in place to ensure that relevant staff 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. Two trainee dental nurses were being supported to complete training towards their diploma in dental nursing.

The practice had a staff training programme, which was monitored and reviewed to ensure that staff undertook training relevant to their roles and responsibilities. For example staff completed regular training updates in areas including safeguarding, infection prevention and control and basic life support.

There were systems in place to carry out an annual appraisal of individual staff performance from which a personal development plan was agreed, These development plans were reviewed periodically throughout the year to ensure that staff received the support and training to meet their needs.

Are services effective?

(for example, treatment is effective)

Staff who we spoke with told us that they received the support and training to help them fulfil their roles and responsibilities.

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 dentists explained that they would refer patients to other dental specialists for minor oral surgery and specialist 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.

The practice had systems in place to regularly monitor its referrals process to ensure that these were made in a timely way and followed up appropriately.

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. Patient dental records which we were shown included details of discussions between the dentist and patient in respect of the proposed treatment. Records also included details of the treatment options, intended benefits and potential risks. The treatment was agreed and patients consent was obtained before the treatment commenced. Staff were aware that consent could be removed at any time.

We spoke with three patients and they told us that their proposed treatment options and any associated risks or complications had been explained to them in a way that they could understand. They also told us that they were provided with a clear estimate of the cost of treatment.

These procedures for obtaining patient consent included reference to 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. These policies and procedures were accessible to staff and kept under review to ensure that they reflected any changes in guidance or legislation. The dentists who we spoke with were able to demonstrate that they were aware of and adhered to the practice MCA procedures.

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. All discussions held in relation to treatment were carried out within the dental surgeries.

Staff understood the need to maintain patients' confidentiality. The practice manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. Staff undertook training in relation to information governance, which included the procedures for obtaining, handling and storing patient information. Staff who we spoke with were able to demonstrate that they understood the practice policies and procedures and their responsibilities in relation to these.

Each of the six patients who we spoke with on the day of the inspection told us that the dentists and dental nurses were kind and helpful. They said that the dentists and hygienists were caring and understanding when treating patients who were experiencing anxiety or dental pain.

Involvement in decisions about care and treatment

The patients who we spoke with said that the dentists explained their treatments in a way that they could understand and that they were involved in making decisions about their dental care and treatment.

The practice had policies and procedures in place in relation to the Gillick competency test. 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. All relevant staff who we spoke with were aware of and followed these procedures.

The practice had procedures in place for meeting the needs people who may require extra support. 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.

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 and on the practice website 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.

The practice was open and offered appointments between 8am and 5pm on Mondays to Fridays with late opening up to 8pm on Tuesday evenings.

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. Staff had undertaken training and they told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The dental practice was located on the ground floor and first floor of a purpose adapted residential dwelling. The premises had dental surgeries on the ground floor and sufficient space to accommodate patients who used wheelchairs.

The practice manager told us that they had could access a translation service for patients whose first language was not English should this be required. They said that they had not required this service and that patients who did not speak English were accompanied by a family member when they attended the practice.

Access to the service

Each of the six patients who we spoke with told us that they could always get an appointment that was convenient to them. They said that they had been able to access an appointment on the same day if they needed urgent treatment. Patients could book appointments in person, by telephone or online via the practice website.

The dentists and receptionist told us that priority would be given to patients who required urgent dental treatment. We were shown that dedicated emergency appointments were available each day.

Staff told us that appointments usually ran to time and the patients we spoke with said that they did not have to wait too long to be seen. The receptionist told us that they advised patients if the dentists 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 NHS 111 telephone number to access out of hour's emergency advice or 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. The practice manager was the dedicated complaints manager.

Information which described how patients could raise complaints was displayed in the waiting area and on the practice website. The patients who we spoke with told us that if they had concerns or complaints that they would raise these with the dentist directly. They told us that while they had no reason to complain they felt confident that any issues or concerns would be dealt with appropriately.

The practice had robust systems for investigating and responding to complaints. We were shown a summary of the complaints received within the previous 12 months. We saw that these had been investigated and a full response, explanation and apology was given to the complainant and appropriate steps were taken to resolve issues to the patient's satisfaction.

Complaints and the outcome of the complaint investigations were shared with relevant staff in order to make improvements as needed.

Are services well-led?

Our findings

Governance arrangements

The practice had suitable governance arrangements in place for monitoring and improving the services provided for patients. The day to day management of the practice was underpinned by a number of policies and procedures including the recruitment policy, health and safety policy and an infection prevention and control policy and there were systems in place to ensure that these were followed consistently. The policies and procedures were detailed, practice specific and kept under review to ensure that they reflected the day to day running of the practice.

The practice had systems to carry out audits of various aspects of the service such as dental records and X-ray audits in accordance with current guidelines. There were clear systems for reporting accidents, incidents and complaints and learning from when things went wrong was shared with staff and used to make improvements to the service where needed.

There were a number of systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of patients and staff. Risks associated with the premises, X-rays and X-ray equipment, infection control and legionella were regularly assessed.

Leadership, openness and transparency

There was clear leadership and oversight at the practice. The dentists, practice manager and dental nurses shared lead roles in key areas such as safeguarding, infection control and patient safety. Staff told us that they worked well as a team and that they were clear about their roles and responsibilities. Practice staff told us they felt able to raise concerns at any time and that they felt they would be supported to do so.

The practice manager and staff could demonstrate that they understood and discharged their responsibilities to comply with the duty of candour and they told when there was an incident or accident that affected a patient the practice acted appropriately and offered an apology and an explanation.

Learning and improvement

The practice had a structured plan in place to audit quality and safety. Relevant information was shared with staff during daily communications, regular practice meetings and via email for staff who were not on duty.

The practice had systems in place for staff to undertake an annual appraisal of their performance and other periodic reviews to help ensure that staff were supported. There were systems in place to ensure that staff undertook regular training updates in areas relevant to their roles and responsibilities.

Learning from accidents, incidents and complaints was shared, acted upon and reviewed to secure improvements where needed.

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

The practice had effective systems for acting on patient and staff feedback. The practice encouraged patients to participate in the NHS Friends and Family Test. Patients' views and feedback was reviewed regularly, analysed and shared with staff to highlight good practice and any areas for improvement. We were shown the results from the Friend and Family Test obtained between April and August 2016. On average 95% of patients who participated in the test were either extremely likely or likely to recommend the dental practice to their friends and family.

The practice also conducted regular patient satisfactions surveys, the results from which were analysed and used to monitor and improve the service. We were shown the results form the most recent patient survey and this showed that patients were satisfied with the treatments that they received and the way in which they were treated by staff.

Regular staff meetings were held and staff who we spoke with told us that their views were sought and they could make suggestions about how improvements could be made to the service.