Northway Dental Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 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

Northway dental practice is situated in Maghull. The practice has two dental treatment rooms, a waiting area, a reception area and a patient toilet on the ground floor of the premises. A further two treatment rooms, a dedicated decontamination room; office and storage facilities are situated on the first floor.

There is wheelchair access and disabled toilet facilities on the ground floor. Patients with restricted mobility and families with pushchairs or young children were seen in one of the ground floor treatment rooms.

The Practice offers mainly NHS treatment (approximately 75%) to patients of all ages and some private dental care services. The services provided include preventative advice and treatment and routine and restorative dental care.

The practice has two principal dentists, whom are the owners, an associate dentist, a foundation dentist, a dental hygiene therapist and five qualified dental nurses. A practice manager and lead receptionist, both of whom are qualified dental nurses; and a business manager complete the dental team. The practice is open Monday to Friday from 9.00am until 5.00pm.

The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental practices. One of the principal

Summary of findings

dentists is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has one full time dentist who is in their first (foundation) year of practice.

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

We viewed 43 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. We reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients was positive about the care they received from the practice. They commented that staff put them at ease and listened to their concerns and that they had confidence in the dental services provided.

Our key findings were:

- We found the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine or emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owners, practice manager and business manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had effective arrangements for essential areas such as infection prevention and control, management of medical emergencies and dental radiography (X-rays). There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There were sufficient numbers of suitably qualified staff working at the practice. The practice followed procedures for the safe recruitment of staff and had systems in place to support them carry out their work. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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

The dental care provided was evidence based and focussed on the needs of the patient. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

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 proactive about providing patients with information and in signposting patients to local support services.

Are services caring?

No action

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

We looked at 43 CQC comment cards patients had completed prior to the inspection. Patients were overwhelmingly positive about the care they received from the practice, felt fully involved in making decisions about their treatment and listened to. The practice provided patients with information to enable them to make informed choices about treatment.

Summary of findings

Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

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 offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having a text reminder system in place.

The practice was aware of the needs of the local population and took these into account in how the practice was run. For example, staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records. The practice had two ground floor treatment rooms with access into the building for patients with restricted mobility and families with prams and pushchairs.

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

Are services well-led?

No action

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

Leadership was provided by the principal dentists, practice and business managers. Staff told us that they felt well supported and confident to raise concerns and request support.

The practice identified, assessed and managed clinical and environmental risks related to the service provided. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff. A range of meetings; including for the staff as a whole, the dentists and the leadership team, were arranged to share information, provide additional training and give staff an opportunity to raise any concerns.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. The practice had systems in place to seek and act upon feedback from patients using the service.

Northway Dental Limited

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

This inspection took place on the 26 September 2016. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with two of the dentists, two dental nurses, one of whom was decontamination lead nurse, the practice manager, the business manager and the lead receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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 principal dentist demonstrated a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations) and had reported an injury appropriately in 2014. The practice had incident and accident reporting systems in place when something went wrong.

Staff had a clear understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The Medicines and Healthcare products Regulatory Agency (MHRA), is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The principal dentists reviewed all alerts and spoke with staff to ensure they were acted upon. They maintained an electronic record of all alerts received and any action taken. Records showed alerts were also discussed during staff meetings to facilitate shared learning.

Reliable safety systems and processes (including safeguarding)

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

The principal dentist was aware of national guidelines on patient safety, for example rubber dams were routinely used in root canal treatment 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 should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed practice policies and procedures for safeguarding vulnerable adults and children using the service. These were reviewed annually and 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 in the local area. The dental therapist was the safeguarding lead professional for the practice and had been appropriately trained for this role. The practice identified safeguarding training as essential for all staff to undertake every 12 months and records showed staff had completed their annual update.

Medical emergencies

The practice had clear guidance and arrangements in place to deal with medical emergencies at the practice. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained a medical emergency resuscitation kit, including oxygen and emergency medicines. The practice had an Automated 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).

Records showed regular checks were carried out to ensure the equipment and emergency medicines were safe to use. The practice had a service and maintenance contract in place to ensure the AED was working effectively. The emergency medicines and medical oxygen we saw were all in date and stored in a central location.

Staff had completed their annual training in emergency resuscitation and basic life support in February 2016.

Are services safe?

Staff recruitment

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity, checking qualifications and professional registration. The practice manager checked the professional registration for staff each year. The General Dental Council registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

It was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed 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. Records confirmed these checks were in place.

We looked at the files of four members of staff, two of whom had been recruited in the last 12 months. We found they were well organised and contained appropriate recruitment, employment and training records**.** Records showed all relevant staff had personal indemnity insurance (this is insurance which professionals are required to have in place to cover their working practice) In addition there was employer's liability insurance in place which covered all employees working in the practice.

There was an induction programme in place for all new staff to familiarise themselves with how the practice worked. This included ensuring staff were knowledgeable about the health and safety requirements of working in a dental practice such as fire procedures, accident and incident reporting and the use of personal protective equipment. The practice manager met with staff monthly during the three month probationary period to review progress and to identify any specific training needs.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire, manual handling and patient safety. Fire detection and firefighting equipment such as smoke detectors, emergency lighting and fire extinguishers were serviced annually and checked monthly. Evacuation instructions were available in the waiting and reception areas and staff were knowledgeable about their role in the event of a fire.

Following the completion of recent refurbishment work, an external fire risk assessment was scheduled for October 2016. Fire training for the team took place every three years; additional training was arranged for November 2016 as a number of new staff had recently joined the practice. Staff were knowledgeable about what to do in an emergency and designated staff were trained as fire marshals.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, manual handling and electrical equipment. They identified significant hazards and the controls or actions taken to manage the risks. The risk assessments were reviewed annually to ensure they were being managed effectively.

The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. These were detailed and specific to the running of the practice, dated and regularly reviewed. 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.

Infection control

The Head dental nurse was the infection prevention and control lead and they ensured there was a comprehensive infection prevention and control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed guidance regarding 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)' and the 'Code of Practice about the prevention and

control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to support staff in following practice procedures.

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 the treatment rooms and the decontamination room which minimised the risk of the spread of infection. The Head dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system from dirty through to clean.

The practice routinely manually scrubbed used instruments and then placed them in a washer-disinfector machine. Instruments were then examined visually with an illuminated magnifying glass to check for any debris or damage; then sterilised in an autoclave (a device for sterilising dental and medical instruments). When the instruments were sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

The practice had systems in place for daily quality testing 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.

A risk assessment for Legionella was carried out in 2015 and the recommended measures advised by the report were in place. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). These included maintaining hot and cold water temperature checks and flushing of dental unit water lines with a propriety disinfectant. This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease.

Staff completed refresher training regarding infection prevention and control at least annually. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results indicated the practice was meeting the required standards.

We observed the treatment rooms appeared clean and hygienic; they were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection prevention and control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members. We noted the practice had cleaning schedules and daily checks for each treatment room which were complete and up to date. We observed that the mops used for cleaning the treatment rooms were stored in accordance National Patient Safety Association (NPSA) guidance on the cleaning of dental premises.

Equipment and medicines

The practice had a system for storing, prescribing and recording of medicines used. Each treatment room had a supply of anaesthetics and expiry dates were checked regularly as part of stock control procedures and the batch numbers were recorded in patient dental care records.

NHS prescription pads were securely stored and a log of all prescriptions issued and medicines dispensed was retained by the practice to provide a clear audit trail of safe prescribing and dispensing. The dentists used the British National Formulary to keep up to date about medicines.

There was a comprehensive system in place to check all equipment had been serviced regularly, including the autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) was carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and

Are services safe?

Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It had an inventory of all X-ray equipment, maintenance contracts and identified the Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). Staff authorised to carry out X-ray procedures were noted and records showed they had read the documentation within the last 12 months. The practice had recently completed extensive building and refurbishment work, including the installation of two new digital X-ray sets of equipment. An external company were scheduled to attend the practice in October 2016 to complete the practice risk assessments and update the radiation protection file.

We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to the X-ray machine were maintained and X-ray audits were carried out annually. The results of the most recent audits in 2016 confirmed they were meeting the required standards which reduced the risk of patients and staff being subjected to further unnecessary radiation. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines to ensure they were required and necessary. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. Patients' dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance and these were reviewed in the practice's programme of audits. Staff were up to date with their continuing professional development (CPD) training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. We reviewed a number of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. For example, we saw details of the condition of the gums had been assessed using the basic periodontal examination (BPE), and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums).

The dentists carried out assessments and treatment in line with National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP), Department of Health and General Dental Council guidelines. For example, the practice referred to NICE guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Medical history checks were updated at least every 12 months and staff routinely asked patients at every visit if there had been any changes to their health conditions or current medicines being taken. The electronic records ensured that if a patient was taking any medication that might compromise their dental treatment this was flagged up on the computer screen to clinical staff as an alert.

Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

Patient dental care records were audited to ensure they complied with guidance provided by the FGDP. The most recent audit was completed in September 2016 and learning outcomes identified. Patients commented they were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This 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 prescription of high concentrated fluoride tooth paste and the placing of fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) were evident. In the last 12 months the practice also held an awareness session in a local supermarket regarding oral cancer.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health.

Staffing

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. For example, the practice worked with a local dental practice to provide urgent cover when the principal dentists were on holiday.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Mandatory training was identified and included basic life support, safeguarding and infection prevention and control. Records showed staff were up to date with this learning. Staff told us they had good access to training to maintain their professional registration, for example the principal dentists provided dental nurses with free on-line training resources. The dentists and dental therapist routinely discussed and shared learning about clinical procedures, practice protocols and the outcome of audits.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant

Are services effective?

(for example, treatment is effective)

information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Staff were knowledgeable about the role family members and carers might have in supporting the patient to understand and make decisions. Staff had received training in and were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. The dentists described circumstances which necessitated them seeking the involvement of family members and carers prior to treatment commencing and where they arranged additional appointments to support patients in deciding upon treatment.

The dental care records we looked at showed that consent to treatment was recorded. Feedback in CQC comment cards confirmed they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 43 CQC comment cards patients had completed prior to the inspection, the results of the NHS Friends and Family Test and the latest annual practice patient questionnaire. Patients were positive about the care they received from the practice and commented they were treated with respect and dignity and that staff were sensitive to their needs. Staff were prompted to be aware of patients' specific needs or medical conditions via alerts on the electronic dental care records.

Patients' dental care records were stored electronically. Computers were password protected and regularly backed up to secure storage. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception.

The practice was aware of the importance of providing patients with privacy and maintaining confidentiality. For example, treatment doors had automatic self-closure devices fitted to ensure they closed completely. Staff had access to training and written guidance regarding information governance, data protection and confidentiality. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Involvement in decisions about care and treatment

The practice provided treatment plans to their patients that detailed treatment options with indicative costs. Information about treatment costs was displayed in the waiting area and in the practice leaflet. Information provided to patients about their treatment and the options open to them was evident. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information in the waiting room and in the practice leaflet about for example the services they offered and NHS fees.

We looked at the practice's electronic appointment system and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Reception staff had clear guidance to help assess how urgently the patient required an appointment.

The practice supported patients to attend their forthcoming appointment by having a text reminder system in place. Patients who commented on this service reported this as helpful.

Each dentist decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had equality, diversity policy in place to support staff in understanding and meeting the needs of patients. The practice had audited the suitability of the premises and had recently refurbished the premises improve the layout of the downstairs to accommodate patients with restricted mobility. For example, there were disabled toilet facilities on the ground floor and two downstairs treatment rooms suitable for wheelchairs and pushchairs.. Staff had access to a telephone interpreter service and one of the dentists was trained in British Sign Language to support patients.

Access to the service

The practice was open from 9.00am until 5.00pm each week day. The practice displayed its opening hours in their premises and in the practice information leaflet. There were clear instructions in the practice and via the practice's telephone answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in practice leaflet.

The practice had received three complaints in the last 12 months. We found the practice responded promptly and ensured any learning was shared within the team and acted upon, for example staff discussed at staff meetings how they could be clearer regarding NHS charges and referral procedures.

Are services well-led?

Our findings

Governance arrangements

One of principal dentists worked closely with the practice manager and recently appointed business manager to maintain day to day responsibility for running the practice. They met each week to oversee the refurbishment programme and to develop governance processes. For example, the practice and business managers were taking on lead roles relating to the individual aspects of governance such as responding to complaints, risk management, maintenance of equipment and staff support. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

There was a comprehensive range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about consent, handling sharps, information governance and confidentiality. We noted policies and procedures were kept under review and updated on an annual basis.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies and procedures were in place and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments and the control measures in place to manage the risks relating to fire, exposure to hazardous substances, safe use of equipment and the health and safety.

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives of providing high quality dental care to their patients. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. Feedback from patients reflected this approach.

There were structured arrangements for effectively sharing information with and involving the dental team, including holding monthly meetings for the whole team in addition to dentist and management meetings. We reviewed the agendas of meetings held in 2016 and found they covered key issues for the dental practice such as operational updates, staff training, feedback from audits and discussion regarding patient comments.

The practice had a statement of purpose that described their vision, values and objectives of providing high quality dental care to their patients. Staff told us that there was an open culture within the practice which encouraged candour and honesty.

Learning and improvement

There was an extensive rolling programme of clinical and non-clinical audits taking place at the practice to monitor and continually improve the quality of the service. This included infection prevention and control, record keeping, oral cancer risk factors noted in patient records and X-ray quality. The practice had discussed the results and identified where improvement actions may be needed.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system. The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC) Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff. For example the practice carried out an annual patient survey and encouraged patients to provide feedback via a patient suggestions box in the waiting room. The most recent patient survey in 2016 showed a high level of satisfaction with the quality of services provided.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results from August 2016 showed that 96% of patients would recommend the practice.

Staff we spoke with told us their views were sought and listened to and that they were confident to raise concerns or make suggestions.