Alistair Morgan & Associates Limited

St John's Surgery - Windermere

Inspection Report

St Johns Surgery
Lake Road
Windermere
Cumbria
LA23 2EQ
Tel:01539443378
Website:www.morgandental.co.uk

Date of inspection visit: 8 January 2016
Date of publication: 11/02/2016

Overall summary

We carried out an announced comprehensive inspection on 8 January 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 dentist offers both NHS and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. Visiting specialists carry out dental implant procedures and provide conscious intravenous (IV) sedation for nervous patients. The practice has two principal dentists, one associate dentist, four dental hygienists and seven qualified dental nurses; in addition to a practice manager.

The practice has four treatment rooms, a reception area, separate waiting room and a decontamination room. The building is single storey and all areas are easily accessible throughout the building. The practice is open on Monday to Friday from 9.00am until 5.00pm. The surgery is piloting a Saturday opening from 09:00am -12 noon and late evening appointments on one evening (Tuesdays or Wednesday) every two weeks from 5:30pm to 8pm.

We viewed 49 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with two patients on the

Summary of findings

day of our inspection. We reviewed patient feedback gathered by the practice through patient surveys and comments from the NHS Friends and Family Test. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented staff were caring and respectful and that they had confidence in the dental services provided. Patients told us they had no difficulties in arranging a convenient appointment and that staff put them at ease and listened to their concerns.

Our key findings were:

- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients' oral health.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including through 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.

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

- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested and recorded suitably.
- Review the safe management and monitoring of NHS prescriptions pads.
- Put an adult safeguarding policy in place and implement a procedure.

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 to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control and responding to medical emergencies. 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).

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. 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.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff we spoke with were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support.

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

We looked at 49 CQC comment cards patients had completed prior to the inspection and spoke with two patients on the day of 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. Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them.

Staff we spoke with were aware of the importance of providing patients with privacyand 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?
We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice was piloting extended opening hours to support patients in arranging appointments in line with other commitments. Patients commented they had easy access to both routine and emergency appointments. The practice audited the suitability of the premises annually and identified changes they planned to make to support patients.

Summary of findings

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. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint.

Are services well-led?

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

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Lead roles supported the practice to identify and manage risks and helped ensure information was shared with all team members. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits to monitor those improvements had been maintained.

The practice had systems in place to seek and act upon feedback from patients using the service. They shared the comments and suggestions received with patients and described the changes they had made.

St John's Surgery - Windermere

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 8 January 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

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 five practice staff including, the principal dentist, a dental hygienist, two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues, the practice manager and principal dentist. The practice responded to and made improvements following any accidents or incidents. The practice had an incident reporting policy which included information and guidance about the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

We reviewed accidents that had taken place in the last 12 months and found the practice had responded appropriately. Serious incidents were recorded, appropriately reported and action taken to minimise future risk.

The principal dentist was aware of their responsibilities under the duty of candour. We found the practice responded to concerns and complaints in an open and transparent manner. 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 practice manager and principal dentist reviewed all alerts and spoke with staff to ensure they were acted upon.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection policy and procedure. However we noted that there was no adult protection policy in place.. The manager said this was an oversight and would rectify with immediate effect. These policies provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had access to a flow chart of how to raise concerns and contact details for child protection in the Cumbria area.

One of the principal dentists and the practice manager were the safeguarding leads in the practice, we noted that six staff had undertaken safeguarding training to level two with training in place for remaining staff in January and March 2016. Staff we spoke with told us they were confident about raising any concerns

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). Records contained evidence of staff 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.

Rubber dams were 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

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations. They said that the practice manager and principal dentists were very approachable.

Medical emergencies

The practice had clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained an emergency resuscitation kit, oxygen and emergency medicines to support patients in the treatment and waiting areas. This included a wide range of airways and face masks for both adults and children. 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 including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The emergency drugs and equipment holdall was well organised with drugs and equipment grouped to meet the needs of each potential emergency. Guidance sheets for each potential emergency were present in order to help staff do the right thing at the right time.

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. We have advised that this changes to weekly. Staff

had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months and we saw that in-house scenarios were regularly practised. First aid boxes were easily accessible in the practice.

Staff recruitment

There were clear recruitment and selection procedures in place that described the process for employing new staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us 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. However when we reviewed staff records we saw that not all the checks and information were in place. We looked at the files of three new members of staff and found they omitted references, confirmation of identity, and a health declaration. We spoke with the practice manager who told us that verbal references had been taken but unfortunately not recorded. The practice manager confirmed that the records would be obtained.

There was an induction programme in place for all new staff to familiarise them with how the practice worked. This included ensuring staff were familiar with fire procedures, use of personal protective equipment and accident and incident reporting.

We saw that all relevant staff had personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition there was employer's liability insurance which covered all employees working in the practice and which was valid until February 2016.The practice manager checked staff professional registration with the General Dental Council (GDC) The GDC 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.

Monitoring health & safety and responding to risks

The practice had arrangements to monitor health and safety and deal with foreseeable emergencies. A Health and Safety Policy was in place and we saw a risk management process which was continually updated and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments for fire and exposure to hazardous substances and handling sharps. The practice had a detailed file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations which was reviewed annually.

Records showed that emergency lighting, fire detection and fire fighting equipment such as smoke detectors and fire extinguishers were regularly tested. A fire certificate of inspection and a fire risk assessment had been carried out in July 2015. Evacuation instructions were available in the waiting area and staff were knowledgeable about their role in the event of a fire.

The practice had a detailed business continuity and disaster recovery policy to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events. Staff had easy access to key contact details, for example regarding the telephone and IT systems.

Infection control

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones. The zones in the decontamination room were clearly marked.

A designated dental nurse was the infection control lead and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, 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 the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' 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 staff. Posters about good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room 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 control. The practice had cleaning schedules and infection control daily checks for each treatment room which were complete and up to date. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

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 room and the decontamination room which minimised the risk of the spread of infection.

The lead dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; and packaging and storing clean instruments. A washer disinfector was used with manual cleaning only used if inspection under light magnification revealed persistent residue. A spot check of bagged instruments showed that they were clean, free from damage and appropriately dated. Staff wore eye protection, an apron and heavy duty gloves throughout the cleaning stages The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. The practice had an autoclave and a washer disinfector. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

We saw that all sharps bins were being used correctly and located appropriately. The practice operates a “safer sharps” policy to reduce the risk of injury to staff and patients. Safer syringes have been purchased and where possible sharp items are single use only. Dentists are responsible for disposing of their own sharps and this includes the dismantling and disposal of matrix bands post treatment. All endodontic files and stainless steel burs are single use. Clinical waste was stored securely for collection outside the practice in a designated and locked bin. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

We reviewed the last legionella risk assessment report dated December 2015; we reviewed evidence that all water testing was being completed as required. These included running the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water temperatures each month. (Legionella is a germ found in the environment which can contaminate water systems in buildings). 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.

Equipment and medicines

Staff told us that Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in March 2015. We also saw additional an electrical five yearly certificate, which confirmed all electrical installation in the building is safe.

We saw maintenance records for equipment such as autoclaves, ultrasonic baths and X-ray equipment which showed that they were serviced in accordance with the manufacturers’ guidance. The regular maintenance ensured that the equipment remained fit for purpose.

The practice had a system for the prescribing and recording of medicines used. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. We found however that NHS prescription pads were not securely stored and that staff did not keep a log of all prescriptions issued. The practice manager told us that the prescription pads would be locked away and a log kept with immediate effect.

Radiography (X-rays)

Are services safe?

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent audit in 2015 confirmed they were meeting the required standards.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence that the potential benefit and/or risks of the exposure had been considered. X-rays were digital and images were stored within the patient's dental care record. Rectangular collimetry was used to further reduce the radiation dose to the patient.

We saw that all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered provider told us that they undertook annual quality audits of the X-rays taken. We saw the results from monthly audits and the results were in accordance with the National Radiological Protection Board (NRPB). Action plans were in place to continuously improve the procedure and reduce future risks.

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 sample 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. Treatment options, outcomes of discussions and clear treatment plans were recorded. These took account of patient choices and provided evidence of valid consent. We saw that periodontal examination was routinely carried out and that patients were treated in accordance with the examination findings. There was excellent communication between the dentist and hygienist.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (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. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. X-rays were justified, graded and reported in the patient's care record and compliance with this requirement was reviewed in the practice's programme of audits. This reduced the risk of patients being subjected to unnecessary X-rays. 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.

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). The practice had four dental hygienists and who had received training in oral health education to support this area of work. 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.

Staff we spoke with were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support. For example, information leaflets and contact details of local services for health promotion and wellbeing services such as smoking cessation.,

Staffing

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. The practice ensured there were sufficient practice staff to support visiting specialist teams carry out their work. The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Essential training included basic life support, and infection control. Records showed staff were up to date with this learning.

Dentists and dental nurses told us they had good access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development. The practice had given additional responsibilities to dental nurses e.g. making them responsible for monitoring infection control and the emergency resuscitation equipment. The nurses were appropriately trained to deliver these tasks. All dental nurses were trained to manage reception and administrative tasks to provide a flexible workforce.

A period of induction was arranged for new staff to support them in the first few weeks of working at the practice. Staff told us they had easy access to a range of policies and procedures to support them in their work.

Working with other services

Are services effective?

(for example, treatment is effective)

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 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.

A visiting dentist provided implant treatments in the practice for the convenience of patients. The skill mix in the practice allowed many cases to be dealt with on site . For example one dentist has an interest in treating children and phobic patients and delivered inhalational sedation when required. Unfortunately we were unable to interview this dentist but we noted that the surgery was designed to be child friendly. The inhalational sedation equipment was of the appropriate standard and unable to deliver less than 30% oxygen at any time.

The equipment had been appropriately serviced. Nitrous oxide and oxygen bottles were in date and there were sufficient bottles in reserve. We saw that a pulse oximeter was used to monitor the patient throughout the process. Patients were allowed to recover fully in the surgery, in accordance with protocols, and appointments were scheduled to allow sufficient time for this to occur safely.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice had consent and mental capacity and deprivation of liberties policies which provided staff with guidance and information about when consent was required and how it should be recorded. Staff 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 described the role family members and carers might have in supporting the patient to understand and make decisions and how this was recorded in the patient's dental care record. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

We reviewed a random sample of dental care records. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed that 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 49 CQC comment cards patients had completed prior to the inspection and spoke with two patients on the day of the inspection. Patients were overwhelmingly positive about the care they received from the practice. They commented they were treated with respect and dignity and that staff were sensitive to the individual needs of their patients and on reducing patient anxiety.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Patient dental care records were stored electronically; password protected and regularly backed up to secure storage. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. The waiting area was separate from reception and conversations could not be over heard.

Staff told us there was a room available if patients wished to have a private conversation. During our observations we noted staff were discreet and confidential information was not discussed at reception.

Staff had access to policies and procedures regarding patient confidentiality and maintaining patient data securely. The patient information folder in the waiting area included an explanation about how the practice stored and audited patient records to maintain and improve quality.

Sufficient treatment rooms were available and used for all discussions with patients. We observed positive interactions between staff and patients arriving for their appointment and that staff were helpful, discreet and respectful to patients on the telephone.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about treatment. 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.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room, in the practice leaflet and on the practice website. 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.

Patients we spoke with confirmed that they had been able to obtain a same day emergency appointment if needed and they had sufficient time during their appointment and were not rushed. We observed appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice offered Saturday morning and evening appointments to support patients to arrange appointments in line with other commitments. The practice scheduled longer appointments with the dentist where required if a patient needed more support.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The practice had made adjustments, for example to accommodate patients with limited mobility. There were disabled toilet facilities and level access throughout. The waiting room and reception was suitable for wheelchairs and pushchairs.

The practice manager told us they had not required an interpreter service to support patients with English as a second language; however they confirmed they would provide staff with contact details of an interpreter service should this be required in the future.

The practice audited the suitability of the premises annually and the most recent audit in September 2015 identified further possible improvements. Since the audit they had redecorated the waiting area and removed fabric chairs and toys.

Access to the service

The practice is open on Monday and Friday from 9.00am until 5.00pm. The surgery is piloting a Saturday opening from 09:00am -12 noon and late evening appointments on one evening (Tuesdays or Wednesday) every two weeks from 5:30pm to 8pm.

The practice displayed its opening hours in their premises, in the practice information leaflet and on the practice website. Patients could access care and treatment in a timely way and the appointment system met their needs. They told us they were rarely kept waiting for their appointment.

There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Patients confirmed they felt they had easy access to both routine and urgent appointments.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice had received one complaint in the last 12 months. We found the practice responded promptly and ensured any learning was shared within the team.

Patients told us they had no complaints about service. The 49 CQC comment cards we reviewed were unanimously positive about the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist, practice manager and key staff led on the individual aspects of governance such as responding to complaints and managing risks**.** Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability. The practice manager told us they were supported in how they monitored the quality of the service by accessing the frameworks for continuous improvement which were available through their membership of the British Dental Association's Good Practice Scheme and Denplan Excel. (The BDA is a national professional association for dentists and Denplan is UK insurance based dental plan specialist company).

Staff told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service, including carrying out on-going patient surveys. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that all patients said that they were extremely likely to recommend the practice to friends and family.

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 were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire, exposure to hazardous substances and medical emergencies.

Lead roles, for example in health and safety, infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There was a comprehensive range of policies and procedures in use at the practice and accessible to staff. These included guidance about quality assurance, information governance, record keeping, and incident reporting and data protection.

Leadership, openness and transparency

The practice had a duty of candour policy in place to support an open, honest and transparent culture. Patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were clearly defined leadership roles within the practice. Staff told us they felt valued and well supported and reported the practice manager and dentists were very approachable.

We saw that the practice had recently commenced practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback to the practice manager.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Effective newly introduced appraisal system for dental nurses and reception staff was used to identify training and development needs.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records and infection control procedures. Where areas for improvement had been identified action had been taken, for example through discussion and training at practice meetings and in reminders of best practice in the dentists' handbook. There was evidence of repeat audits to monitor that improvements had been maintained.

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. These included formal patient surveys every two years and the NHS Friends and Family test. This is a national programme to allow patients to provide feedback on the services provided. Records of the survey results for the last three months were

Are services well-led?

positive about the service provided. The practice shared the comments and suggestions received with their patients and described the changes they had made in response. For example by providing evening and Saturday appointments and employing more dental hygienists for greater flexibility in the appointment system.