Broadwalk Dental Partnership

Broadwalk Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 01 September 2015 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 provides mainly primary dental care for NHS patients and a very small number of patients privately.

The practice has two surgeries and shares parts of the building with another dental practice that is situated on the first floor of the premises. The decontamination room and reception facilities are shared by both practices.

There are two dentists working at the practice and one of those dentists is the lead person who is registered with the Care Quality Commission. The dentists are supported by two dental nurses and two members of reception staff who both work on a part time basis. The receptionists are responsible for patients at both practices within the building.

The lead dentist is the responsible person. This is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'responsible persons' and have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of the inspection we spoke with three patients who told us that they were satisfied with the services provided at the practice. They told us that they were treated with kindness, dignity and respect and their privacy was maintained. They said that explanations and costs were clear and they were involved in the decisions about their care and treatment.

We viewed 28 comments cards that we had left for patients to complete prior to our inspection. The comments made in them were overwhelmingly positive

Summary of findings

and patients said that they were satisfied with the services provided. They said that the practice as always clean and tidy, all staff were polite and respectful and the quality of the dentistry was excellent. Several patients told us that they were nervous but the dentists had managed to reassure them and put them at ease.

Our key findings were:

- There were systems in place to manage safety incidents and complaints and to cascade any learning from them to staff.
- There were sufficient supplies of emergency medicines and equipment and staff had been trained in their use.
- Risks to patients and staff had been assessed and managed effectively. National patient safety and medicine alerts were monitored and acted upon.
- Recruitment processes were robust. Staff had been appropriately trained and received an annual appraisal
- Infection control procedures followed published guidance and staff were following the correct decontamination procedures. Conscious sedation procedures were robust and audited for effectiveness.
- Treatments and consultations followed guidance from the National Institute for Health care Excellence.
- An effective complaints process was in place and this was readily available for patients to view.
- Patients were treated with dignity and respect and staff were polite and courteous.
- The appointment system met the needs of patients including access to emergency dental care.
- The practice was well-led and the lead dentists set standards for staff to follow and monitored them.
- Patient and feedback was sought and monitored through the use of a continuous patient survey. Staff feedback was sought informally, at staff meetings and at appraisals.
- Staff were involved in the vision and strategy at the practice and worked as part of a team

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

- Carry out infection control audits at six monthly intervals.

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 effective systems and processes in place to ensure care and treatment was carried out safely. There were systems in place to record and analyse significant events and meetings were used to share learning with staff. All staff were aware of the procedures to follow and were encouraged to report them. National patient safety and medicines alerts were acted upon in a timely manner and shared with clinical staff. Staff had received training that met the needs of patients and an effective system was in place to monitor that it was being undertaken. Procedures for undertaking conscious sedation on nervous patients were safe and effective and staff had been suitably trained. Infection control procedures were robust and staff had received training. Infection control audits were not taking place at intervals in line with guidance but were effective. The systems for cleaning and sterilising dental instruments met Department of Health guidelines. Radiation equipment was suitably sited, maintained and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Fridges in use were monitored to ensure medicines in use were stored at the correct temperatures. The practice was able to respond to emergencies.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. The practice had effective systems and processes in place to ensure care and treatment was carried out safely. There were systems in place to record and analyse significant events and meetings were used to share learning with staff. All staff were aware of the procedures to follow and were encouraged to report them. National patient safety and medicines alerts were acted upon in a timely manner and shared with clinical staff. Staff had received training that met the needs of patients and an effective system was in place to monitor that it was being undertaken. Procedures for undertaking conscious sedation on nervous patients were safe and effective and staff had been suitably trained. Infection control procedures were robust and staff had received training. Infection control audits were not taking place at intervals in line with guidance but were effective. The systems for cleaning and sterilising dental instruments met Department of Health guidelines. Radiation equipment was suitably sited, maintained and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Fridges in use were monitored to ensure medicines in use were stored at the correct temperatures. The practice was able to respond to emergencies.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients told us they were listened to, given time to decide upon treatment options and that treatment was clearly explained. Patients who had dental emergencies were seen in a timely manner, often on the same day. CQC comment cards completed by patients rated the practice highly in this area. Patients felt involved in the decisions about their care and treatment. Patients undergoing conscious sedation were monitored closely and then followed up after the procedure to check on their welfare.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Appointment times met the needs of patients, waiting time was kept to a minimum and a system was in place to remind patients about their appointment time. The practice responded to patients in need of emergency dental treatment and saw

Summary of findings

them the same day wherever possible. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care were given adequate support to understand treatment options. The practice had a system in place to manage complaints effectively. The practice acted on patient feedback through the use of regular surveys and by monitoring external sources.

Are services well-led?

We found that this practice was providing care which was well led in accordance with the relevant regulations. The lead dentist provided clear leadership and involved staff in their vision and values. Regular staff meetings took place and staff felt involved in the running of the practice. Meetings were minuted and there were clear audit trails when areas for improvement had been identified. Clinical audits took place which drove improvement. Staff were encouraged to develop and supported to maintain their training. The practice sought the views of staff and patients. Health and safety risks had been identified which were monitored and reviewed regularly.

Broadwalk Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on 01 September 2015 and was conducted by a CQC inspector and a specialist dental advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team / Healthwatch, however we did not receive any information of concern from them.

During the inspection we spoke with the lead dentist, two dental nurses (one in training) and a receptionist. We also spoke with three patients and reviewed comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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 a system in place to manage significant events and complaints but none had been recorded in the last 12 months. Staff we spoke with were aware of the reporting procedures in place and said they were encouraged to bring safety issues to the attention of the practice manager.

The system in place included recording, investigating and analysing significant complaints then identifying areas for improvement, implementing actions and cascading learning to staff either informally or through team meetings.

We discussed the system with the lead dentist who was aware of the requirement to display a duty of candour, providing explanations and apologies where required.

The practice had a system of managing national patient safety and medicines alerts that affected the dental profession. These were monitored by the lead dentist and cascaded to relevant staff. We found that where appropriate, action had been taken to identify patients at risk and measures put in place.

Records we viewed reflected that the practice was following the guidance in relation to the control of substances hazardous to health (COSHH). Substances in use at the practice had been risk assessed and measures put in place to keep staff and patients safe.

Reliable safety systems and processes (including safeguarding)

Staff at the practice had received safeguarding training for children and vulnerable adults and staff spoken with were aware of the procedures to follow. Staff were also aware of who to contact at the practice or externally if the need arose. They felt confident that incidents they reported would be dealt with professionally.

Patients receiving conscious sedation treatment were required to attend the practice for a detailed consultation and explanation of the procedure and consent was not taken until they had considered and understood the treatment. This consultation checked the patient's medical history and any allergies they may have to ensure it was safe to proceed and gave patients all the information they needed to understand the procedure, including the risks, options and benefits.

The practice also supported patients to manage their anxiety about dental treatments and used inhalation sedation as well as intravenous sedation. The lead dentist also worked with patients to reassure them with the objective of receiving dental treatment in the future without the need for sedation at all.

During the actual procedure patients were monitored throughout by a qualified dentist and two dental nurses. Emergency medicines were readily available should there be a need and the vital signs of patients were monitored and recorded throughout the procedure. We looked at the records held for several patients and found that a detailed record had been maintained, including the batch number of the anaesthetic used. We looked at three patient records where sedation had been given to patients and found that they had been completed to the required standard.

Patients were also given post procedure guidance and if they were accompanied by a friend or relative, the after-care advice was also explained to them.

The dentists who we spoke with on the day all used rubber dam for endodontic procedures. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. This prevents inhalation of small instruments during treatment. It was practice policy not to re-use rubber dams and dentists spoken with were aware of this requirement.

Patients attending for their consultation had their medical history reviewed on each occasion to ensure that any health conditions or medicines being taken could be considered before receiving care or treatment. New patients were required to complete medical history forms and these were checked by the dentist during their consultation.

Medical emergencies

Emergency medicines, a first aid kit and oxygen were readily available if required. The practice also had a defibrillator (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), and sufficient

Are services safe?

numbers of staff had been trained to operate it. The emergency equipment in use was in line with the 'Resuscitation Council UK' and 'British National Formulary' guidelines.

All staff had been trained in basic life support and were able to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it.

We checked the emergency medicines and found that they were of the recommended type. All medicines were in date and monitored daily to ensure they did not go out of date or that stocks ran low. Records were being kept.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant and the taking of references.

We looked at two staff files and found that recruitment procedures had been followed and appropriate all documentation was in place. This included proof that staff were authorised to work in the UK if relevant.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, staff were contacted to attend the practice and cover for their colleagues. Where this was not possible agency staff, or qualified casual workers were used. Their qualifications, skills and experience were confirmed before being allowed to work at the practice.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. A regular health and safety audit took place at the practice to ensure the environment was safe for both patients and staff. Where issues had been identified remedial action had been taken in a timely manner.

There were a range of other policies in place at the practice to manage risks. These included infection prevention and control, a legionella risk assessment, fire evacuation procedures and the risks associated with Hepatitis B.

Processes were in place to monitor and reduce these risks so that staff and patients were safe. The practice had an induction process for all new staff members and this included familiarisation with health and safety issues.

The practice had a business continuity plan that outlined the procedures to follow in the event that services were disrupted. This identified the steps to take so that the practice could maintain a level of service for the patients.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place and a lead had been identified. The policy included guidance on needle stick injuries, inoculations against Hepatitis B and the handling of clinical waste.

The policy also clearly described how cleaning was to be undertaken at the premises. Check lists were made available to support staff and the contract cleaner to ensure that each area of the practice was cleaned appropriately. The policy explained the types of cleaning and the frequency. Records held reflected that the quality of the cleaning was being monitored and feedback given accordingly. This was achieved through a regular cleaning audit that was provided to the contract cleaned. Where improvements had been identified these were being monitored.

During our inspection we visited two surgeries and found them to be visibly clean and tidy. The daily cleaning of each surgery was the responsibility of the dental nurses and they completed checklists to reflect that appropriate tasks had been undertaken. Dental nurses spoken with were aware of the infection control procedures in place and had received training. Sufficient quantities of personal protective equipment were available for clinical staff and we were told that clean surgical gloves and masks were worn for each patient.

Infection control audits had been carried out annually. These should have been taking place every six months and the provider assured us that this would take place in the future. The last one took place in August 2015 and the results reflected that robust processes were in place. Where areas for improvement had been identified, these had been recorded then actioned. Appropriate staff had received infection control training and this was being monitored.

Are services safe?

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises and hand washing techniques were displayed. Sharps bins were properly located, signed and dated and not overfilled. A clinical waste contract was in place and this was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated 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.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures.

The practice cleaned their instruments using a washer/ disinfector, examined the instruments with a magnifying glass then sterilised them in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all contained an expiry date that met the recommendations from the Department of Health. Instruments designed for single use only were disposed of after use.

The practice used sterilised instruments in a clinical area for one day only. If not used that day they went through the sterilisation process again. This was in line with the guidance.

The decontamination room had been set up to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves and protective eye wear.

The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained. The practice used bottled water for their dental unit water lines (used for connecting the dentist's drills and other devices to the dental unit on a dental chair). These were being used in line with guidance and flushed through as required.

Staff were well presented and told us they wore clean uniforms daily and this included reception staff. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received blood tests to check the effectiveness of that inoculation. We were told that all staff at the practice were not permitted to wear their uniforms outside of the practice to reduce the risk of cross contamination. There was a reminder for staff of this and other requirements displayed in a staff room.

Patients we spoke with always said that the dentist and the dental nurse always wore protective glasses, visors and gloves while undertaking treatment or examinations.

The practice had undertaken a legionella risk assessment in August 2015 and appropriate control measures were in place and recorded. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Fire extinguishers were in place throughout the practice and they had been checked and serviced regularly by an external company. Staff had been trained in the use of equipment and evacuation procedures.

X-ray machines were the subject of regular visible checks and records had been kept. The X-ray equipment had records of critical examination tests to ensure they were emitting the correct levels of radiation.

All equipment used for the cleaning and sterilising of medical instruments had been serviced and maintained regularly. Records reflected that it was in working order at the time of the inspection.

Medicines in use at the practice were stored and disposed of in line with published guidance. We checked the medicines in use and found them to be in date and in sufficient quantity. Records were maintained for patients receiving sedatives during conscious sedation procedures.

Are services safe?

Clinical records showed the dose, batch number and expiry date of each local anaesthetic administered. There were sufficient stocks available for use and these were rotated regularly. The ordering system was effective. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Some medicines were stored in a fridge at the practice and temperatures were being monitored to ensure the medicines remained effective. Records had been kept.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These rules described the safe use of X-rays and the procedures to follow if the X-ray equipment failed to operate properly. The local rules were clearly displayed in each surgery.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Prior risk assessments had taken place, including detailed plans about the location of the X-ray equipment to reduce the risk of radiation exposure to patients.

The practice's radiation protection file contained the necessary documentation covering the names and the qualifications of those permitted to use the equipment. Other staff had signed the procedures section to demonstrate that they understood the regulations for the safe use of the equipment.

All staff who were involved in taking X-rays were suitably trained and qualified and had received up to date training in relation to dental radiography. Dental nurses and other staff we spoke with were aware of the safety procedures to follow and where to stand when a patient received an X-ray.

The practice conducted audit on the quality of the X-rays and records were being maintained. Any learning identified was shared with other staff. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

The practice carried out consultations and assessments in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. The lead dentist we spoke with was aware of the latest NICE guidelines and the preventative care and advice known as "Delivering Better Oral Health Toolkit". This involved identifying patients at high risk of tooth decay and then taking appropriate action to improve their oral health.

Each patient received an oral examination prior to deciding whether further care and treatment was required. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissue and whether there were any signs of mouth cancer. Patients were then made aware of the condition of their oral health and treatment discussed with them.

At each visit, dentists checked the medical history of each patient and recorded any changes in the patient record.

Following a consultation X-rays were taken in line with Faculty of General Dental Practice (FGDP) guidelines. This identifies patient's risk factors and gives suggested intervals to take X-rays in order to diagnose or monitor tooth decay. All X-rays taken were justified, graded and reported on and recorded in the clinical records. A diagnosis was then discussed with the patient and appropriate treatment was planned. Care was taken to ensure X-rays were not taken on any patients who were or maybe pregnant.

Patients who required treatment were given a written treatment plan which included details of the treatment required. This also included the costs associated with the treatment.

There was evidence that recall intervals were adjusted to an individual patient's needs. This was in line with NICE guidelines. This recall interval was based on risk factors including tooth decay, gum disease, medical history and soft tissue condition.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of posters that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Toothpastes and brushes were available for patients to purchase if they wished.

The dentist we spoke with confirmed that adults and children attending the practice were advised during their consultation of steps to take to prevent tooth decay and this was monitored at subsequent visits to ensure it had been effective. Smoking cessation and lifestyle advice were given to patients where appropriate.

Patients were recalled at appropriate intervals to check on their teeth to ensure that prevention methods were effective.

Patients we spoke with included a parent. They told us that the dentists gave their children advice and guidance on the best methods to use to clean their teeth and in a way they understood.

Staffing

The practice employed two dentists all supported by dental nurses. The ratio of dentists to dental nurses was one to one. The practice also provided conscious sedation for nervous patients and when this took place a dental nurse was available for the patient to support them and help them to recover after the procedure.

There were two part-time receptionists at the practice who covered for each other during times of annual leave or sickness. There were sufficient numbers of staff working at the practice to meet the needs of patients.

All staff at the practice had received annual appraisals and staff spoken with felt supported and involved in the process and were given time to prepare for their appraisal. They told us that they were provided with opportunities for training and development and these were discussed with them at their appraisal meeting. Staff spoken with felt the process was meaningful, fair and they felt valued. They told us that managers were supportive and always available for advice and guidance.

We were told by the lead dentist that regular discussions took place with the clinical staff where they supported each other and discussed current practice and NICE guidance.

Are services effective?

(for example, treatment is effective)

We viewed staff records and found that training was being monitored. The practice had their own training resources in the form of online training and evidence reflected that training was being completed.

We looked at the staff files for a number of the clinical staff working there and found that they were appropriately trained and registered with their professional body and this was checked annually. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels.

Staff new to the practice went through a role specific induction process. The induction included familiarisation with health and safety procedures and how the practice was managed. New staff received mentoring from a more senior colleague. One member of staff was going through dental nurse training and was being mentored and supervised by the lead dentist. Other staff spoken with felt supported at the practice.

Staff numbers were monitored by the practice manager and identified staff shortages were planned for in advance wherever possible. Where it was necessary to obtain staff from a locum agency, there was a system was in place to check their registration with their professional body, qualifications, skills and experience before using them.

Staff had ready access to the procedures and policies of the practice which contained information that further supported them in the workplace.

Working with other services

The practice had systems in place to refer patients for specialist treatment if it was required. These were dealt with on the day of the consultation in the majority of cases.

We were told that some patients with learning disabilities who were assessed as unsuitable for treatment at the practice by reason of the severity of their condition, a referral to appropriate community dental services were made to them.

Consent to care and treatment

Staff spoken with had a clear understanding of consent issues in relation to children, adults and vulnerable persons. They understood that consent could be withdrawn by a patient at any time. The practice had a consent policy in place to support staff.

Not all staff were clear about consent in relation to children under the age of 16 years who attended for treatment without a parent or guardian. This is known as Gillick competence. The practice has agreed to update all staff on the action to take if a child or young person under this age prefers to attend the practice without a parent or guardian.

The dentist we spoke with displayed knowledge of the guidelines of the Mental Capacity Act 2005 and explained how they would take consent from a patient if their mental capacity was such that they might be unable to fully understand the implications of their treatment.

The dentists obtained written and verbal consent from all patients. Written consent was always obtained for any patient that required conscious sedation. This was documented in the clinical records. Patients signed a written treatment plan which included the costs of the treatment. Patients were made aware that consent could be withdrawn at any time.

Patients undergoing conscious sedation were given a time period to fully understand the implications of the treatment before providing consent. The explanations, risks and options were given to them verbally and in written form to ensure they fully understood the procedures, before they were asked to consent in writing to the procedure.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We found that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but if a confidential matter arose, a private room was available for use.

Patients we spoke with told us that practice staff were kind and caring and treated them with dignity and respect. The patients we spoke with told us that they would be happy to recommend the practice to family and friends and that all staff were polite and caring. The comment cards we reviewed reflected that patients were extremely satisfied with the way they were treated at the practice by clinical and non-clinical staff. We observed the interaction between staff and patients and found that they were being treated with dignity and respect.

A data protection and confidentiality policy was in place of which staff were aware. Staff spoken with understood the need to handle patient information securely.

The patient record of those patients identified as being nervous, were flagged accordingly so that reception and clinical staff could offer them support and reassurance if required. Patients were asked to complete an anxiety questionnaire to help the dentist understand their concerns.

Patients who had undergone conscious sedation treatment were supported to recover after the procedure by a dental nurse. Once fully recovered they would return home after being given after-care guidance and advice which was also given to anyone accompanying them.

Involvement in decisions about care and treatment

Patients we spoke with and comment cards we viewed reflected that patients felt that the dentists listened to them and involved them in the decisions about their care and treatment. They told us that consultations and treatment options were clearly explained to them followed up by a written treatment plan that explained the costs involved.

We spoke with three patients on the day of our inspection and were told that explanations were clear and they were involved in the decisions about the care and treatment proposed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered NHS treatment and costs were clearly displayed in the practice. The practice also offered conscious sedation for patients who were nervous. Prior to the treatment patients were assessed and invited in to the practice for a detailed explanation about the procedure. We found that the procedures followed met the needs of patients, including the after care provided by a nurse who helped patients recover after the procedure.

The practice monitored the number of patients that failed to attend for their appointments. They had taken steps to reduce the frequency of those that did not attend through text message reminders and patient education on the impact of their non-attendance on other patients.

The practice had a suggestion box in reception and sought feedback from patients on a routine basis daily, providing them with questionnaires when they attended the practice. The results of the feedback were considered and used to drive improvements.

Tackling inequity and promoting equality

The practice was accessible for those patients with mobility issues, using wheelchairs or mobility scooters and the practice had made reasonable adjustments to accommodate them and conducted a disability discrimination audit.

All surgeries were on the ground floor and accessible to all patients. The practice had a toilet that was suitable for use by the disabled. Patients with mobility issues were supported by staff when they needed it. The practice had purchased a dental chair that supported disabled patients. This was designed to swivel on a base and could be adjusted automatically in height and position so that patients could sit in it comfortably when transferring from a wheelchair.

The practice had a small number of vulnerable patients and they were aware of their support needs when attending the practice. These had been recorded in their patient record system.

Access to the service

Appointment times and availability met the needs of patients. The practice was open Monday to Thursday between the hours of 9am and 5.15pm on Mondays to Thursdays and from 9am to 4pm on a Friday. Information about opening times was displayed for patients to read.

Patients needing an appointment could book by phone or attend the practice personally. Patients with emergencies could usually get an appointment on the same day or within 24 hours.

Patients we spoke with and CQC comment cards we viewed commented positively about the appointment system on the comment cards and that they were rarely kept waiting. Text messages and emails were sent to patients to remind them of the day and time they should attend.

Concerns & complaints

The practice had a complaint procedure that was advertised in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint. There had been no complaints in the last 12 months.

The procedure explained to patients the process to follow, the timescales involved for investigation, the person responsible for handling the matter and details of other external organisations that a complainant could contact.

Patients we spoke with on the day of our inspection had not had any cause to complain and were satisfied with the services provided. They felt that staff at the practice would treat any matter professionally. CQC comment cards reflected that patients were highly satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The lead dentist was responsible for all matters relating to governance supported by one of the other members of staff.

The practice monitored their compliance with the Health and Social Care Act 2008 regulations and it was evident that time and resources had been allocated to achieve compliance with them. There was a clear understanding of the requirements of the act and how it applied to dental practices.

There was a full range of policies and procedures. These included conscious sedation, health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access.

We found that there were a wide range of clinical and non-clinical audits taking place at the practice that had been undertaken and repeated. One such audit related to conscious sedation procedures and whether reassurance and explanations had reduced the number of patients requiring the procedure on subsequent visits. The findings of the audit indicated that the process used by the dentists to reassure patients had been successful as patients were not requiring sedation when they attended for treatment in the future.

The audits we viewed included infection control, X-rays and sedation. The results of the audits were being used to drive improvement. There was evidence of repeat audits to evidence that improvements had been maintained.

Leadership, openness and transparency

The practice had a small number of staff members and it was clear that they working as part of a team. The culture of the practice encouraged, openness, honesty and a duty of candour.

There was strong leadership at the practice by the lead dentist. This was reflected in the way the practice was managed and staff told us that support was made available to them. All documents we viewed were clear and concise. Staff were being managed effectively and supervised to ensure standards were being maintained.

Staff spoken with told us that they were encouraged to report safety issues or to raise any concerns they had. They were aware of whom to raise any issue they would be listened to and their concerns acted upon appropriately. They felt confident that issues raised would be dealt with professionally.

Staff told us that team meetings were used to discuss relevant practice issues and their ideas for improvement were sought. Brief minutes were kept of staff meetings but this was satisfactory in relation to the size of the practice and the number of staff members working there. Staff felt part of a team. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos. Staff told us that they worked in a happy environment and felt supported.

Management lead through learning and improvement

The practice was focused on achieving high standards of clinical excellence and this was monitored by the lead dentist at the practice. Staff at the practice were all working towards a common goal to deliver high quality care and treatment.

Staff meetings were held regularly and when required. Minutes were recorded which reflected that discussions had taken place about practice matters. We were told that significant events, safety issues and complaints would be discussed at these meetings to cascade learning to staff but there had been none in the last 12 months.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice. Staff told us that they were encouraged to undertake their continuous professional development and to identify their training needs for development purposes. Staff told us that additional training was provided if requested.

The results of audits undertaken at the practice were used to drive performance and this led to improvements that were of benefit to the staff and the patients.

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

Are services well-led?

The practice acted on feedback from staff through staff meetings, appraisals and informally. Staff spoken with confirmed that they were consulted about areas for improvement and felt involved in identifying where services could be improved.

The practice had a comments/suggestions box in the reception area for patients to use if they wished to do so.

The practice used questionnaires for patients to help them identify where services could be improved. These included questions about the quality if the dentistry, the manned of the dentists and other staff, whether patients felt involved and the cleanliness of the practice. The results of the surveys we saw over the last two years reflected that patients were very satisfied with the services provided.

The practice had started the NHS Friends and Family test and the results reflected that patients were either extremely likely or likely to recommend the service.

Staff we spoke with told us that they felt part of a team and that their ideas and suggestions were sought and acted upon if relevant to the practice. They were able to provide feedback at appraisals, team meetings and informally to both the lead dentist and the practice manager.