Cannon Hill Clinic Limited

The Cannon Hill Clinic

Inspection Report

16 Cannon Hill
Southgate
London
N14 7HD
Tel: 0208 882 2131
Website: www.cannonhillclinic.com

Date of inspection visit: 21/12/2015
Date of publication: 11/02/2016

Overall summary

We carried out an announced comprehensive inspection on 21 December 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.

The practice provided private dental treatment to patients of all ages in Southgate and surrounding areas.

The premises are situated on the ground floor of a residential style building. The services provided include preventative advice and treatment and routine restorative dental care.

Practice staffing consisted of the principal dentist, who is also the owner/provider, one dental nurse and three receptionists.

The principal dentist 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.

The practice consists of one treatment room, reception a large waiting area for patients, a separate decontamination room, office and a staff room.

We received feedback from 11 patients.

All patients commented positively about the care and treatment they had received and the friendly, efficient and professional staff. A number of patients commented on the sympathetic, understanding dentists who had helped them overcome their fears and friendly reception staff.

Summary of findings

The practice is open on Tuesday, Thursday and Fridays from 9am-6pm.

Our key findings were:

- The practice investigated significant and safety events and cascaded learning to staff. These events were analysed and monitored to help improve patient safety.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance.
- There were systems in place to ensure that all equipment, including the suction, compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment, were maintained in line with manufacturer's guidelines.
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- Patients' care and treatment was planned and delivered in line with current legislation and evidence based guidelines such as that from the National Institute for Health and Care Excellence (NICE).
- The practice ensured staff were trained and that they maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available. However, staff did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK guidance.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients. The principal dentist told us that no complaints had been received about the service.
- The practice was well-led and staff felt valued, involved and worked as a team. Staff meetings were routinely held to help share information and learning.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice.
- Clinical and non-clinical audits were carried out to monitor the quality of services.
- The practice had not undertaken a Legionella risk assessment in line with current national guidance.
- The practice sought feedback from staff and patients about the services they provided and acted on this to improve its services.

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

- Review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the current infection control protocols and undertake a Legionella risk assessment and implement the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

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 in place for identifying, investigating and learning from incidents relating to the safety of patients The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

There were arrangements in place to deal with medical emergencies and staff had annual training

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment.

There were procedures in place for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Are services effective?

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

Consultations were carried out in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. Dental care records were detailed and included details of risks of conditions such as oral cancers and advice about alcohol and tobacco consumption.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentist and information leaflets were available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Summary of findings

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

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 and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours. They would see any patient experiencing dental pain, extending their working day if necessary.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility. Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints. The principal dentist told us that there had been no complaints made.

Are services well-led?

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

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with.

Patients' views were regularly sought by way of a patents' survey and these were acted upon as required.

The Cannon Hill Clinic

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 announced inspection was carried out on 21 December 2015 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor.

During the inspection we viewed the premises, spoke with the dentist, dental nurse and two receptionists. 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 also reviewed information we had asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives.

We received feedback from eleven patients.

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 for investigating significant events and other safety incidents. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentists. Where safety or other significant events occurred these were discussed at staff meetings and actions to minimise recurrence were implemented. We reviewed the staff accident book. Any accidents relating to staff or patients were recorded appropriately and learning shared with the practice team.

The practice responded to national patient safety and medicines alerts that were relevant to the dental profession. These were received in a dedicated email address and actioned by the principal dentist. Where they affected patients, it was noted in their dental care record and this also alerted the dentists each time the patient attended the practice.

The principal dentists and staff we spoke with had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available. Staff we spoke with were aware of these reporting systems. No such incidents had occurred in the last twelve months.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had undertaken safeguarding training to an appropriate level and those we spoke with were aware of the different types of abuse and how to report concerns to the dentist or external agencies such as the local safeguarding team or the police as appropriate. Staff had access to a flow chart describing how to report concerns to external agencies where this was appropriate.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that new patients were asked to complete a medical history. The dentists were aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any current health or medical condition, underlying allergy, or patient's reaction to local anaesthetic.

The practice had safety systems in place to help ensure the safety of staff and patients. We found that rubber dams were being routinely used in root canal treatment in line with current national guidance. 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.

Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies. Staff had undertaken basic life support training and could describe how they would act in the event of a patients experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency equipment and medicines including oxygen were available to support staff in a medical emergency. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). However we found the staff did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. There had been no risk assessment completed to assess the risks of not having this equipment. [An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm]. We were told by the staff that an AED was currently being ordered.

The emergency medicines and equipment were stored securely with easy access for staff working in any of the

treatment rooms. Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Medicines we saw were within their expiry date.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at recruitment files of all staff employed and found that this process had been consistently followed. We saw that all of the required checks including, proof of identity and criminal record checks through the Disclosure and Barring Service and employment references had been obtained. Staff had been interviewed to further asses their suitability to work at the practice.

Checks were made to ensure that where applicable staff were suitably qualified and registered with the General Dental Council (GDC). Staff recruitment files included copies of current registration certificates and personal indemnity insurance. We saw that staff had detailed job descriptions, which described their roles and responsibilities.

The principal dentists told us that all new staff undertook a period of induction when they first commenced their employment. We checked staff recruitment files and found that the induction process was robust and specific to each person's roles and responsibilities.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. These included procedures for identifying and managing risks associated with infection control, medicines. A risk assessment had not been carried out on the premises and equipment.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. This included any chemical which could cause harm if accidentally spilt, swallowed, or came into contact with the skin. For example cleaning materials and chemicals used within the dentistry processes. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

Infection control

The practice had suitable policies and procedures to reduce the risk and spread of infection. Staff were aware of these procedures and had undertaken infection control training. We spoke with staff and they were able to demonstrate that reusable dental instruments were cleaned and sterilised in line with guidance from the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the treatment rooms through to cleaning and making ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean. Staff demonstrated that they cleaned dental instruments thoroughly and checked them before they were sterilised in the autoclave. At the end of the sterilising procedure the instruments were dried, packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date in line with the recommendations from the Department of Health HTM-01-05.

The equipment used for sterilising dental instruments 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.

All areas of the practice were visibly clean and tidy and there were suitable arrangements in line with the Department of Health guidelines for the segregation and disposal of dental waste. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Patients we spoke with and those who completed comment cards told us that the practice was always clean. There were cleaning schedules in place for cleaning the premises and equipment and cleaning records were maintained. Regular infection prevention and control audits were carried out to ensure that cleaning and infection control practices were effective.

Are services safe?

Staff were provided with personal protective equipment such as gloves, face masks and eye protection in line with the practice policy. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines. This helped to minimise the risks of needle stick injuries and the risks of blood borne infections to both patients and staff. We observed that sharps containers were correctly maintained and labelled. There was a procedure in place to for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.) We observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infections.

The dental water lines were not maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A legionella risk assessment had not been carried out. We were told by staff that this was being planned to be carried out shortly after the inspection.

Equipment and medicines

The practice had procedures in place for the safe management of medicines and equipment. Regular visual checks were carried out and recorded to help identify any issues and to ensure that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the management and stock control of the materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patients' dental care records.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. The principal dentist confirmed that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary, and visual checks were routinely carried out and recorded in line with the practice policy. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available within the radiation protection folder for staff to reference if needed. These rules however did not include details of staff who were trained and responsible for radiography within the practice.

X-rays were digital film-based, and images that were processed were stored within the patients' dental care record. Records showed staff had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months. This included assessing the quality of the X-ray and also checking that the X-rays had been justified and suitably reported on. The results of the audits confirmed the practice was meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. We found that the practice kept up to date detailed dental care records. They contained information about the patient's current dental needs and past treatment. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. An assessment of the periodontal tissues was taken and recorded using the basic periodontal examination (BPE) tool. (The BPE tool is a simple and rapid screening tool used by dentist to indicate the level of treatment need in relation to patients' gums). The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

The dental care records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by the dentist every time a patient attended for treatment.. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's dental care record and these were reviewed in the practice's programme of audits.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients were given a copy of their treatment plan, including any fees involved. Patients we spoke with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received in CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The dentists provided patients with advice to improve and maintain good oral health. Dental care records we viewed demonstrated that patients were provided with advice about maintaining good oral and dental health including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. We spoke with the principal dentist who was aware of and using the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

The dental team provided advice about the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were available. There was a variety of different information leaflets available in patient areas.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. We saw that one trainee dental nurses was being supported and trained to meet the registration requirements of the General Dental Council (GDC). Staff kept a record of all training they had attended; this ensured that provider could be assured that staff had the right skills to carry out their work. The provider was aware of the training their staff had completed even if this had been done in their own time. Regular training sessions and on-line training was available to all staff according to their roles and responsibilities. Informal learning was provided to the dental nurse by the principal dentist and staff we spoke with told us that they felt supported to carry out their duties.

The practice had a system for appraising staff performance. The records showed that appraisals had taken place.

Records showed staff were up to date with their continuing professional development (CPD). (All professionals registered with the General Dental Council (GDC) have to

Are services effective?

(for example, treatment is effective)

carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The practice referred patients for secondary (hospital) care when necessary; for example for assessment or treatment by oral surgeons. On-line referrals contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable oral lesions during the examination of a patient's soft tissues. Patient records we viewed showed that appropriate information was provided when patients were referred to other services and that information received following treatments provided was reviewed and acted on where required.

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients' consent to treatment and staff were aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option. Patients told us the dentist were good at explaining their treatment and answering questions. We checked dental care records to confirm the findings and saw discussions about treatment and patients' consent were recorded.

Staff we spoke with on the day of the inspection had a good understanding of the requirements of the Mental Capacity Act 2005 and records showed that all staff had undertaken training. (MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Patients told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from eleven patients. All patients commented positively about the dentist, dental nurse and reception staff. They described staff as caring and friendly. Patients said that dentist listened to them and answered any questions regarding their dental care and treatment. They said that dentists and dental nurses demonstrated empathy and understanding, particularly when treating nervous or anxious patients. We reviewed the results of the patients' survey. A number of patients had commented positively about how they were treated by staff.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The dentists explained how they involved patients in decisions about their care and treatment. The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available during consultations, in information leaflets.

Patients commented they felt involved in their treatment and it was fully explained to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The principal dentist we spoke with was aware of the needs of the local population and aimed to deliver a flexible service to meet these needs.

The practice provided patients with information leaflets about the services they offered. The services provided include preventative advice and treatment, routine, cosmetic and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen on the day.

Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. A patient who completed comment cards confirmed this. Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

The practice was located on the ground floor of a residential style building. The practice had made reasonable adjustments to support patients with limited mobility and parents with prams and pushchairs to access the facilities.

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Various languages were spoken by staff in the practice including Iranian, Spanish, Russian, Lithuanian and Gujarati which would help the staff to translate if required.

Access to the service

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. Staff told us that where treatment was urgent patients would be seen on the same day, where possible.

Appointments were available on Tuesday, Thursday and Fridays 9am-6pm

Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services, details were available on the practice answer phone and were

displayed in the waiting room. Patients we spoke with and those who completed CQC comment cards felt they had good access to routine and urgent dental care.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

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 helped ensure a timely response. The practice hadn't received any complaint within the last 12 months.

Are services well-led?

Our findings

Governance arrangements

We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. The practice had a number of policies and procedures in place which underpinned staff practices. The practice had systems in place for monitoring and managing risks to staff and patients. Risks associated with dental treatments including risks of infection and unsafe or inappropriate treatments and environmental risks such as fire had been recognised and there were plans in place to minimise these risks. A practice risk assessment had been carried out.

The practice had undertaken audits to ensure their procedures and protocols were being carried out and were effective. These included audits of infection control procedures, and X-rays. Lead roles, for example in radiography and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members. Where areas for improvement had been identified action had been taken.

The practice had a well-defined management structure which all the staff were aware of and understood. All staff members had defined roles and were all involved in areas of clinical governance.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention and control and patient confidentiality. Staff were able to demonstrate awareness of the policies through their actions. We reviewed a random sample of policies and procedures and found them to be in date and having review dates identified.

Dental care records which we checked were complete, legible, accurate and kept secure. The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records. These included confidentiality and information governance policies and record management guidance.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentist were very approachable and available for advice where needed. The dental nurse who we spoke with told us they had good support to carry out their individual roles within the practice.

The principal dentist provided leadership and staff had identified lead roles within the practice. We saw that the principal dentist adopted a very 'hands on' approach to the day to day running of the practice and they supported staff in all aspects of monitoring the service. Regular staff meetings were held and recorded. Staff told us this helped them keep up to date with new developments, to make suggestions and provide feedback to the dentists. We looked at a sample of records from practice meetings. We saw that information was shared in an open and transparent way.

Management lead through learning and improvement

The practice had arrangements for improving the service through learning. Staff told us they had good access to training and personal development. The principal dentist monitored staff training to ensure essential training was completed each year; this included emergency resuscitation and basic life support, safeguarding and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff told us that the dentist partners were supportive and assisted staff in accessing relevant training.

The practice had plans to audit areas of their practice each year as part of a system of continuous improvement and learning. These included audits of radiography-both the quality of X-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria, patient records and consent. The audits would include the outcome and actions arising from them to ensure improvements were made

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, including carrying out annual surveys. The practice gave patients the opportunity to complete a patient's survey, patients who participated were very happy.

Are services well-led?

Staff we spoke with told us their views were sought informally and also formally during practice meetings and at their appraisals. They told us their views were listened to, ideas adopted and that they felt part of a team.