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# Eternal Smiles Dental Centre

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 20 October 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**

Eternal Smiles Dental Centre provides general dental services predominantly on a private basis (fee per item)

although they do hold a small NHS contract (30%). The services provided include predominantly routine restorative and preventative dental treatment but also implants. The service is provided by the practice owner (provider). They are supported by one dental nurse, one receptionist and a practice manager. The practice is located on the first floor in a building in the heart of Solihull town centre. There is a staircase leading to the first floor and there is no access to facilities for patients who are disabled or those with limited mobility. There is a waiting room, two treatment rooms, a decontamination room, a reception area, a storage room and toilet facilities. The practice is located close to local amenities and bus services and there is a car park close to the practice. The practice opens from Monday to Saturday at 9am. Closing times vary throughout the week from 3pm to 7pm.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

30 patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with patients on the day of the inspection. Overall the information from

# Summary of findings

patients was very positive. Patients were positive about their experience and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with them in a respectful, appropriate and kind manner. Some patients told us the practice did not always provide them with a written treatment plan.

## Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. They had access to an automated external defibrillator (AED). 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 practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding and the management of medical emergencies.
- Staff received training appropriate to their roles.
- Patients told us they were treated with respect and dignity by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. 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.
- The practice had an effective complaints system in place and there was an openness and transparency in how these were dealt with.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- Audits were undertaken regularly but were not always complete as action plans were not always documented.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.
- Check all audits have learning points documented and resulting improvements can be demonstrated.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested, reviewed and recorded suitably.
- Maintain minutes for staff meetings as they are useful review documents for staff to reference at a later date.
- Maintain a business continuity plan that is comprehensive and specific to this practice.
- Make arrangements so that the practice has access to an interpreting service for patients who cannot speak English (or any other language spoken by the provider).

# 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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months but there was a system in place to act upon any incidents which may occur in the future.

The practice had systems to assess and manage risks to patients, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. Their recruitment process needed some improvement to ensure the safe recruitment of new staff.

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. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

### **Are services effective?**

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

The practice monitored any changes to the patients' oral health and made referrals for specialist treatment or investigations where indicated. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Patients' dental care records provided information about their medical history, dental treatment and oral health advice. However, improvements were required so that record keeping was in line with guidance issued by the FGDP.

Staff had an excellent awareness about the importance of gaining patients' consent to care and treatment and this was documented. Staff members were familiar with the requirements of the Mental Capacity Act 2005 and acted appropriately when managing patients that lacked the capacity to consent.

The dentist mostly followed national guidelines when delivering dental care. These included FGDP and National Institute for Health and Care Excellence (NICE). We found a limited application of guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentist told us this was because their patients mostly had very low levels of dental disease.

### **Are services caring?**

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patient feedback was very positive about the care they received from the practice; they told us they were treated with kindness. Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to.

### **Are services responsive to people's needs?**

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

# Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots for emergency appointments each day. Patients commented they could access treatment for emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was an effective procedure in place for acknowledging, recording, investigating and responding to complaints made by patients. This system was used to improve the quality of care.

The practice was unable to accommodate patients with a disability or limited mobility but new patients were always informed of this prior to booking any appointments.

## **Are services well-led?**

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

There was a clearly defined management structure in place and staff all felt supported in their own particular roles. The provider was responsible for the day to day running of the practice.

There were several systems in place to monitor the quality of the service. Several audits had been undertaken but some were incomplete as they did not have action plans to address areas for improvement. The practice used various methods to successfully gain feedback from patients and staff.

Daily practice meetings were held but not minuted. The provider told us they would arrange for formal meetings on a monthly basis in addition to the informal daily meetings. These provided staff the opportunity to discuss concerns and any suggestions.

# Eternal Smiles Dental Centre

## 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.

We inspected Eternal Smiles Dental Centre on 20 October 2015. The inspection team consisted of one CQC inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed NHS England and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with the provider (who was the registered manager), the dental nurse and practice manager. We also spoke with patients and reviewed CQC comment cards which patients had completed. We reviewed a range of practice policies, protocols and other records relating to the management of the service.

The practice provides dental care predominantly on a private basis (fee per item) although they do hold a small NHS contract (30%).

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 clear guidance for staff about how to report incidents and accidents. We saw evidence they were documented, investigated and reviewed by the practice. The last entry in the Incident book was in 2009. Staff had access to a policy which outlined the recording of incidents and adverse events.

Staff members we spoke with all understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). No RIDDOR reports had been made in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We were told that the practice had registered with MHRA (Medicines and Healthcare products Regulatory Agency). The provider managed MHRA alerts by disseminating to staff. However, this was not in line with the practice policy which stated that the practice manager was responsible. We discussed this with the practice manager and they agreed the policy should be updated to reflect this. There was a log of safety alerts and this was reviewed by the provider every two years.

### Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. There was a named safeguarding lead professional at the practice and all staff members were aware of who to approach in the event of any safeguarding issues. We saw evidence that some of the staff had undertaken safeguarding training. The safeguarding lead professional did not have any certificates on site as evidence. They informed us they would be having further training in early 2016. There had not been any safeguarding referrals to the local safeguarding team; however staff were confident about when to do so.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A

rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway. A rubber dam kit was available in the treatment room. We found that a rubber dam was not used in all root canal treatments. The provider told us that in some cases patients refused the use of the rubber dam. However, they did not always document this in the patients' dental care records. The dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used. They told us they would document the associated risk assessment in the patient's dental care record in future.

The practice had clear processes to make sure they did not make avoidable mistakes such as extracting the wrong tooth. The provider told us they always checked and re-checked the treatment plan and tooth charting before continuing with treatment.

### Medical emergencies

Within the practice, the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an Automated External defibrillator (AED) present. Staff received annual training in the management of medical emergencies and we saw certificates. Staff were aware of the location of the emergency equipment and drugs and these were stored securely.

Records showed regular checks (weekly) were carried out to ensure the equipment and emergency medicines were safe to use. We saw evidence these checks were documented. The emergency medicines were all in date and stored securely.

We noticed the practice had pocket masks (for the delivery of oxygen) for adults and children. The child size pocket mask appeared deflated. This was brought to the attention of the provider and they immediately ordered new paediatric pocket masks.

### Staff recruitment

The practice had a policy for the safe recruitment of staff. This included Disclosure and Barring Service (DBS checks), proof of identity and immunisation status of clinical staff. We viewed three staff files but the practice did not consistently follow their own recruitment policy as they did

# Are services safe?

not always obtain the required information for newly appointed staff. One example was when there was no proof of identity for one staff member. This was discussed with the provider and they told us that the employee did not have a passport or driving licence. This was not documented and it did not appear as though they sought an alternative form of identity such as a birth certificate.

The practice had a robust system in place to monitor professional registration and medical indemnity of the clinical staff members. We noted that certificates were present and these reflected the current year's membership.

## **Monitoring health & safety and responding to risks**

We saw evidence of a business continuity plan which described situations which might interfere with the day to day running of the practice. However, it was not specific to this practice and had very few contact details within it. There were contact details of local dental practices so patients could be re-directed there if required. There were no contact details in the event of certain situations such as a fire or a flood in the practice.

The practice had arrangements in place to monitor health and safety. Risk management policies were in place. For example, we viewed a fire safety risk assessment undertaken by an external agency in 2010. In this case, we reviewed the action plan and three recommendations had been made. Some of these recommendations had been acted upon but not documented. This was discussed with the provider and they updated the records immediately. They also explained which specific recommendations had been completed and documented this during the inspection.

Fire drills took place every six months – these were recorded along with the evacuation time. The provider carried out monthly checks of the fire extinguishers and fire alarms. There was a fire safety certificate from October 2015 and fire exit signs were clearly displayed. We were told that fire prevention training had taken place but there was no documentation present; the provider told us the training company did not supply certificates for this purpose.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. The practice identified how they managed hazardous substances in their policies.

## **Infection control**

There was an infection control policy and procedures to keep patients and staff safe. The practice mostly 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)'. The practice had a nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed. Staff training in infection control was carried out in June 2015.

We saw a log of staff members that were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff. However, the actual documents (blood test reports) were not kept at the practice. Staff members were knowledgeable about the safe use of sharps and dealing with sharps injuries. Certain procedures were followed to reduce the risk of sustaining a sharps injury such as the use of protective needle guards.

Decontamination procedures were carried out in a dedicated decontamination room. We observed the treatment rooms and the decontamination room to be visibly clean and hygienic. Several patients commented that the practice was clean and hygienic. Work surfaces and drawers were clean and free from clutter. We saw that there were clearly designated dirty and clean areas in the treatment rooms. There were handwashing facilities available and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients.

Sharps bins were located appropriately and not over-filled. We observed waste was generally separated into safe and secure containers for disposal and we were told this was regularly collected by a registered waste carrier. Appropriate documentation of waste collection was retained.

Clinical staff discussed the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Clean instruments were packaged and stored in accordance with current HTM 01-05 guidelines. Discussions with staff members confirmed they were aware of items that were single use and that they were being disposed of in accordance with the manufacturer's instructions.

The practice used an ultrasonic cleaning bath to clean the used instruments; they were examined visually and then



# Are services safe?

sterilised in an autoclave. The decontamination room had clearly defined clean and dirty zones to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. We also viewed daily logs which showed that staff changed the solution in the ultrasonic cleaning bath in line with guidance from HTM 01-05. We also saw evidence they were carrying out quarterly tests as recommended in HTM 01-05. There appeared to be sufficient instruments available to ensure the services provided to patients were uninterrupted.

There was a robust system for environmental cleaning and colour coded equipment was used. On the day of the inspection, the practice was visibly clean.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We reviewed the previous five audits; they were undertaken but no action plans were documented. Without any outcomes or analysis, the practice could not assure themselves that they were fulfilling the requirements of HTM 01-05.

A risk assessment process for Legionella was carried out internally. There was a written waterline management scheme in place. We saw evidence that the practice was recording the water temperature and undertaking regular assessment of the water quality to check that Legionella was not developing. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). Practice staff were following the guidelines on running the water lines in the treatment rooms to prevent Legionella.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, dental chairs and the ultrasonic cleaners. There was a separate fridge for the

storage of medicines and dental materials. We saw evidence that the temperature was being monitored appropriately. Portable appliance testing (PAT) was completed in October 2015. (PAT confirms that electrical appliances are routinely checked for safety).

Additional equipment and materials were present for implant surgery. These included sterile irrigant bags and a dedicated surgical drill unit.

The batch numbers and expiry dates of local anaesthetics were recorded in patient 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.

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. Local rules were available in the radiation protection file for all staff to reference if needed.

Those authorised to carry out X-ray procedures had all attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

We did not see any evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this.

The practice regularly carried out X-ray audits; we reviewed X-ray audits from 2015, 2014 and 2013. Regular audits are needed to assess the quality of the X-ray and check they have been justified and reported on. This is needed in order to meet the required standards to reduce the risk of patients being subjected to further unnecessary X-rays. The audits showed that a small percentage of X-rays were of sufficiently poor quality that they were rendered diagnostically unacceptable. The provider was planning to invest in an automatic X-ray developing machine which may reduce the percentage of these poor quality X-rays. However, the results from the 2015 audit showed that the practice was meeting the quality standards set by the FGDP.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date dental care records – information was entered electronically and on paper. The dentist was aware of carrying out assessments and record keeping using recognised guidance from the Faculty of General Dental Practice (FGDP). However, improvements were needed with regard to their record keeping processes. One example was when the dentist did not record the justification for prescribing antibiotics to a patient; this should be documented as evidence that prescriptions were safely given and in line with current guidelines. The dentist was aware of FGDP guidelines and told us they planned to implement more of this guidance. They were considering the use of record templates for standard cases.

The practice carried out annual audits of their record keeping and the most recent audit was carried out in December 2014. We reviewed this audit and found that it included outcomes and an action plan was made to facilitate improvements in this area. The action plan included using new record templates but this had not yet been implemented.

Assessments were repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for their NHS patients. (National Institute for Health and Care Excellence – this 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). This takes into account the likelihood of the patient experiencing dental disease.

We talked to the provider about the treatment and advice given to patients and corroborated what they told us by looking at patient care records. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was following the recommended

guidance in adults and children. Further investigations (such as plaque and bleeding scores) were undertaken and recorded for patients who had gum disease. The practice did use other guidelines and research to 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 not always recorded in the patient's care record. We saw that the X-ray image was graded (for quality assurance) and X-ray reports were written. Records showed that treatment options and costs (where applicable) were discussed with the patient.

### Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with and the patient records showed that patients were given advice appropriate to their individual needs such as smoking cessation and alcohol reduction advice (if relevant). There were some oral health promotion leaflets available in the practice to support patients to look after their health. Examples included information on gum disease and implant aftercare.

The practice supported patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit' (DBOH). This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The provider was aware of this toolkit but did not apply it regularly because they told us the vast majority of their patients were at low risk of developing dental disease.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff were registered with the GDC and the practice held current GDC registration certificates for them.

# Are services effective?

(for example, treatment is effective)

The provider monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. We were told that the dentist and dental nurse planned their holidays in advance so they were away from the practice at the same time. We were told that locum dental nurses were utilised whenever they were short-staffed.

The dental nurse was supervised and supported on a day to day basis by the provider. Staff told us the provider was readily available to speak to at all times for support and advice. We were told that staff were receiving annual appraisals so that learning and development needs could be discussed.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. We viewed a referral letter to the hospital and noted it was comprehensive to ensure the specialist service had all the relevant information required. We saw evidence that patients were offered a copy of their referral letter.

## **Consent to care and treatment**

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. We were told that an important part of their consent process was giving patients information leaflets on relevant items of dental treatment. We saw dedicated consent forms were available for all dental treatment. Staff ensured patients gave their consent before treatment began and this was documented in the patient's dental care record. Treatment plans were also signed and dated by patients.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). There were no recent examples of patients where a mental capacity assessment or best interest decision was needed. The provider described an example where they referred a patient to the local Community Dental Services (CDS) due to the patient's lack of capacity to consent. The provider told us they would act in the patient's best interests if they required urgent treatment; however, they would refer patients to the CDS if they required non-urgent comprehensive treatment. The 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. We saw evidence that the provider attended MCA training in November 2014.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. We saw evidence of customised treatment plans when reviewing patient care records. This applied to NHS and private treatment.

Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of this documented in the dental care records.

Staff we spoke with were aware of the whistleblowing process within the practice. There was also a whistleblowing policy present which staff could refer to. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

30 patients provided feedback about the practice. We looked at comment cards patients had completed prior to our visit and we also spoke with patients on the day of the inspection. Overall the information from patients was very positive. Patients were positive about their experience and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. Some patients told us the practice did not always provide them with a written treatment plan.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to treatment rooms were closed during appointments. We observed staff were helpful, discreet and respectful to patients. Staff we spoke with were aware of the importance of providing patients with privacy. Patients' care records were kept securely in a cabinet behind the reception area.

We were told that the practice treated and supported anxious patients using various methods. Staff members

told us that many people (especially anxious patients) praised the provider for their friendly and calm manner. Patients commented they felt comfortable at this practice as they felt involved and listened to.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment. Staff told us they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients were also informed of the range of treatments available.

The practice received an award in customer service in 2014 from whatclinic.com. This was in recognition of excellence in the field of customer communication.

Examination and treatment fees for private dental care were available on the practice website but they were not displayed in the practice.

# 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 premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were unable to access the practice as it was situated on the first floor and there was no lift or escalator. The practice told us they always informed prospective patients that they are located on the first floor and access is via stairs only. This gave patients the opportunity to re-locate to another practice if they had mobility difficulties.

We found the practice had an efficient appointment system in place to respond to patients' needs. We looked at the provider's appointment book and there were vacant slots to accommodate urgent appointments. We were told that patients were usually seen on the same day if they required an urgent appointment. Patient feedback confirmed they had sufficient time during their appointment and didn't feel rushed. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. The receptionist gave patients the option of waiting or re-booking if the dentist was running late.

Patient feedback confirmed that the practice was providing a service that met their needs. The practice offered patients a choice of treatment options to enable them to receive care and treatment to suit them. Patients commented that staff were always professional and friendly.

### 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 appeared to recognise the needs of different groups in the planning of its services. We were told that they accommodated visually impaired patients by supporting them on the stairs. The practice did not have a hearing induction loop for patients with a hearing impairment.

Staff told us that they had very few patients who were not able to converse confidently in English. We were told that the provider was fluent in several languages including Punjabi, Hindi, Urdu and Malaysian. We were told that patients who could not communicate with the provider in these languages attended with a family or friend. The practice did not have access to an interpreting service but communicated with patients via the patient's relative or friend. This process may not always be appropriate as the carer may not relay the information appropriately enough in order for the patient to consent.

### Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflets and on the practice website. Patients could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine, practice information leaflet and on the practice website. Private patients could also contact the provider directly on his mobile telephone – this information was also provided in the leaflet and on the website.

### Concerns & complaints

The practice had received one complaint in the last 12 months. We reviewed the details and found that it had been recorded, analysed, investigated and learning had been identified. We found that the complainant had been responded to in a timely manner and immediate actions were taken to prevent a similar recurrence.

The practice had an effective complaints policy which provided staff with clear guidance about how to handle a complaint. Information for patients about how to raise a concern was available in the waiting room and in the practice leaflet.

We also looked at entries made by patients on the NHS choices website – they were all positive comments and no concerns or complaints had been identified at the time of writing this report.

# Are services well-led?

## Our findings

### Governance arrangements

The provider was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

We saw risk assessments and the control measures in place to manage those risks, for example, fire. There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues.

There were a range of policies and procedures in use at the practice. The practice held daily staff meetings involving all staff and governance could be discussed if required.

There was an effective management structure in place to ensure that responsibilities of staff were clear.

### Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. This was evident when we looked at the complaint they had received in the last 12 months and the actions that had been taken as a result.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant. All staff members were encouraged to complete evaluation and this was an effective method of obtaining feedback. Staff were aware of whom to raise any issues with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead and medical emergencies lead.

### Learning and improvement

Staff told us they had good access to training and the provider monitored staff training to ensure essential staff training was completed each year. This included emergency resuscitation and immediate life support 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 also had access to online training which recorded their CPD.

Staff audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), record keeping and infection control. However, outcomes of these audits were not always documented and action plans were not generated as a result of the findings. Without these actions from audits, the provider could not be assured that improvements were identified and/or made.

Staff had informal meetings every morning to discuss the day ahead. Any concerns, queries and learning opportunities were addressed during these meetings. Minutes were not documented – this is an important exercise as they serve as useful review documents for staff to reference at a later date. Also, any staff members that were absent on the day can update themselves. The provider told us they would continue holding daily meetings but would also introduce more formal meetings on a monthly or fortnightly basis; they assured us these would be documented.

All staff had annual appraisals where learning needs, concerns and aspirations could be discussed; there were records which showed they were carried out in September 2015. The dentist held a Professional Development Portfolio where they identified and acted on their own learning and training needs.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice. Staff we spoke with told us their views were sought and listened to. Staff satisfaction questionnaires were also carried out to capture feedback.

The practice had systems in place to involve, seek and act upon feedback from people using the service. We were told that all new patients were encouraged to complete feedback questionnaires. The practice carried out patient satisfaction surveys (for all patients) every 6-12 months as this provided an opportunity for general patient feedback. We saw that the survey results were analysed and brief summaries were documented. Feedback was overwhelmingly positive so no action plans were

## Are services well-led?

formulated. There was also a testimonials book for patient comments and the feedback was very complimentary. Staff

mentioned that compliments and complaints from patients were made verbally and passed on to the provider to act on if necessary. The practice also undertook the NHS Family and Friends Test.