Abbotsbury Court Practice Limited

Abbotsbury Court Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 February 2017 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

Abbotsbury Court Dental Practice is situated on the edge of Worcester close to a large housing development. It provides a mix of NHS and private dental treatment for all age groups but at the time of this inspection was unable to take new NHS patients. The practice has been run by the same family since it opened in 1994.

The registered provider is Abbotsbury Court Practice Limited. The two directors are Timothy and Judith Davies. Judith Davies 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.

Abbotsbury Court Practice has four dentists, three dental hygienists, a head dental nurse, three dental nurses, a trainee dental nurse and a cleaner.

The practice accommodation includes three dental treatment rooms and a separate decontamination room for the cleaning, sterilising and packing of dental instruments. The practice is all on the ground floor and has level access from outside and throughout the

Summary of findings

building. The waiting room is slightly apart from the reception area which has a glass sliding partition to help provide privacy when staff are dealing with patients on the telephone.

The practice is open 9am to 5pm on Mondays, Wednesdays and Thursdays, 9am to 6.30pm on Tuesdays and 9am to 4pm on Fridays. The practice closes for lunch from 1pm to 2pm.

Before the inspection we sent 48 CQC comment cards to the practice for patients to give us their views. So many patients wanted to tell us about the practice that the staff there needed to photocopy additional cards. We collected 83 completed cards and one typed note placed in our box. This is a very high response rate. We also spoke with two patients during the inspection.

Patients were unanimous in their praise of the practice and many wrote detailed information about the things they valued about the service. People told us the practice team were professional, considerate and compassionate. Patients confirmed that their dentist provided clear explanations about their treatment and kept them informed. Those that commented on cleanliness confirmed that the practice was clean and hygienic. A number of patients told us they had been patients at the practice for many years and would not want to go anywhere else. The practice provided their NHS Friends and Family Test results for 2016. These showed that of the 799 patients who took part, 647 were extremely likely to recommend the practice and 151 were likely to. The remaining person had responded 'don't know'. The practice's own in house survey results for 2016 also showed high levels of patient satisfaction.

Our key findings were:

- The practice was visibly clean and feedback from patients confirmed this was their experience. National guidance for cleaning, sterilising and storing dental instruments was followed.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had the recommended medicines and equipment needed for dealing with medical emergencies and completed the expected checks to make sure these were in working order and within their expiry date.
- Staff received training appropriate to their roles and were encouraged and supported to meet the General Dental Council's continuous professional development requirements.
- Patients were able to make routine and emergency appointments when needed and gave us positive feedback about the service they received.
- The practice used their own annual survey and the NHS Friends and Family Test to enable patients to give their views about the practice. Results during 2016 showed that patients would recommend the practice.
- The practice had comprehensive policies, procedures and risk assessments to help them manage the service safely.
- The practice used audits to monitor quality in a range of areas and make improvements to the service.

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

- Review its audit arrangements so that re-audits are completed at appropriate intervals to monitor that improvements have been made and sustained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems to assist in the safe management of the service including the care and treatment provided to patients. These were well organised and staff were aware of them.

There were policies and risk assessments for important aspects of health and safety including infection prevention, fire safety and control and radiography (X-rays).

Staff were aware of their responsibilities for safeguarding adults and children. The practice had safeguarding policies and procedures and contact information for local safeguarding professionals was readily available for staff to refer to if needed.

Are services effective?

No action

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

The practice assessed patients' care and treatment in a personalised way taking into account current legislation, standards and evidence based guidance. They provided patients with written treatment plans and patient feedback confirmed that their care was discussed with them clearly and thoroughly. Referrals to other dental or NHS services were made in line with relevant guidance when this was necessary and the practice worked in partnership with other health professionals.

Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration.

Staff understood the importance of obtaining informed consent from patients. The practice team were aware of the importance of taking the Mental Capacity Act 2005 into account when considering whether patients were able to make their own decisions.

Are services caring?

No action

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

Patients were unanimous in their praise of the practice and many wrote detailed information about the things they valued about the service. People told us the practice team were professional, considerate and compassionate. Patients confirmed that their dentist provided clear explanations about their treatment, involved them in decisions about their dental care and kept them informed. NHS Friends and Family Test results during 2016. These showed that of the 799 patients who took part, 647 were extremely likely to recommend the practice and 151 were likely to. The remaining person had responded 'don't know'. The practice's own in house survey results for 2016 also showed high levels of patient satisfaction.

Summary of findings

The practice had clear policies and processes for ensuring patient confidentiality and protecting personal information and this was covered in staff training. Members of the practice team we spoke with showed a caring and respectful attitude towards patients. We observed staff speaking with patients in a friendly way whether this was in person or on the telephone.

Are services responsive to people's needs?

No action

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

All the patient feedback we reviewed was very positive and confirmed that patients and their families received a personalised service that met their needs. This included patients with severe anxiety about dental treatment, children and those with disabilities. Many patients commented that they had been patients for many years and would not want to go anywhere else for their dental care.

The practice had a formal assessment completed by a specialist company to ensure they had made all reasonable adjustments for patients with disabilities. There was sufficient space within the building, including the patient toilet, for patients who used wheelchairs. The patient toilet had a low level wash basin and mirror, grab rails and an emergency call bell. A hearing loop was installed to assist patients who used hearing aids and translation services were available for patients who may not be able to communicate in English.

Patients confirmed that they were able to obtain routine and emergency appointments when needed. The practice directed patients to the NHS 111 service to obtain urgent treatment when the practice was closed.

There was a complaints procedure which contained described how patients could raise concerns about their care and treatment. There had only been one complaint. The practice responded to this constructively and made improvements to the aspects of the service which caused the concern.

Are services well-led?

No action

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

The practice had quality assurance processes, policies, procedures and risk assessments to support the management of the service. These were regularly reviewed and updated. The practice's arrangements for management and administration of the service were effective and the whole practice team were highly motivated to continually improve the service.

An annual appraisal system was well established. Staff told us they were well supported by the registered manager and practice manager.

The practice used their own annual patient survey and the NHS Friends and Family Test to monitor patient satisfaction and obtain their views about the service. The practice used a mixture of informal communication and staff meetings to provide training and to discuss the management of the practice and the care and treatment provided.

Abbotsbury Court Dental Practice

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.

The inspection was carried out on 8 February 2017 by a CQC inspector and a dental specialist adviser. We reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with dentists, the registered manager (who is also a dental hygienist at the practice), a dental hygienist, the head dental nurse, dental nurses and a trainee dental nurse. We looked around the premises including the treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 83 patients in comment cards provided by CQC before the inspection. The practice provided their 2016 NHS Friends and Family Test results based on responses from 799 patients and information from their own 2016 patient survey.

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 policy about accidents, incidents and significant events. This described a wide range of possible topics the practice would record and act on to help them improve. The practice had structured forms for staff to use report incidents. Staff confirmed that significant events were discussed at staff meetings. We saw evidence that the practice held a staff meeting specifically to talk about a concern raised by a patient and made improvements in response to the issues raised. Two other events and the action taken were also recorded. One of these was a comment by a patient that the music in the waiting room was too loud. The practice responded by setting a volume limit. This showed that the practice was proactive in recognising and acting on even minor areas for change.

The practice was aware of the requirement to record and report accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and used suitable accident record forms. Three sharps related accidents to staff were recorded in 2014 but none since. The head dental nurse said this reflected the learning and changes to processes that took place as a result of the incidents in 2014.

The practice received national alerts about safety issues such as those relating to medicines, equipment and medical devices. We saw a folder containing a number of these received from the government alerting system during the first half of 2016. These were signed to show they had been checked. These did not include recent alerts about a medicines recall and a fault with a brand of automated external defibrillator (AED). This is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The registered manager confirmed that they had checked the AED alert to confirm it did not apply to the practice's AED but did not record this. As soon as we raised it the head dental nurse checked the medicine that had been recalled and confirmed they did not have the relevant batch number. They immediately reviewed all alerts on the GOV.UK system for 2016 and produced a recording form to help them monitor future alerts.

The practice had a policy regarding the legal requirement, the Duty of Candour. This legislation requires health and care professionals to tell patients the truth when an adverse incident directly affects them. Staff told us they had discussed this and they were able to describe the purpose of the legislation.

Reliable safety systems and processes (including safeguarding)

The staff were aware of their responsibilities regarding potential concerns about the safety and well-being of children, young people and adults living in challenging circumstances. The practice had a safeguarding lead and child and adult safeguarding policies and procedures based on national safeguarding guidelines. Contact details for the relevant safeguarding professionals in Worcestershire were available for staff to refer to. Staff had completed face to face or on-line safeguarding training at a level suitable for their roles.

The dentists we spoke with confirmed they usually used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. They explained they used an alternative safety method for some patients who did not want them to use a rubber dam. The practice wrote to us within 36 hours of the inspection to inform us they intend to discuss and review the use of rubber dams at a clinical meeting on 13 February 2017. They confirmed the discussion would include the importance of clearly recording in patients' records the reason for not using one.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. They had a sharps policy and risk assessment. The dentists and dental hygienists usually used single use syringes designed to minimise the risk of sharps injuries. Some still sometimes used traditional syringes and needles. They confirmed they used a single handed technique and rubber safety devices to minimise the risk of injury to themselves. Dental nurses we spoke with about this confirmed that they were not expected to handle syringes and needles and so were not at risk of injury.

Medical emergencies

Are services safe?

The practice had arrangements to deal with medical emergencies including an AED.

We saw evidence that staff had completed training relevant to their role during 2016 including management of medical emergencies, basic life support training and training in how to use the AED. The registered manager told us that medical emergency scenarios were also discussed at some staff meetings. The head dental nurse was a trained first aider and two other staff were booked to attend a first aid course in February 2017.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen, including a spare cylinder, and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. Staff kept daily and monthly records of the checks they made to check the emergency medicines and equipment were available, within their expiry date, and in working order. Staff we asked knew where the emergency medicines and equipment were kept. They were stored in a secure and accessible location.

Staff recruitment

The practice had a detailed staff recruitment policy and procedure to help them employ suitable staff. This did not specify all of the details set out in the relevant regulations. The head dental nurse immediately amended the practice policy, procedures and supporting documentation to address this. They also added a copy of the specific page of the regulations as an appendix to their policy.

The practice had a low turnover of staff and had only recruited two staff in the last two years. We looked at their recruitment records and saw that the recruitment information obtained was appropriate.

The practice obtained Disclosure and Barring Service (DBS) checks for all members of staff, whatever their role. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date. The practice paid the dental nurses' fees and had a system to ensure these were kept up to date.

Monitoring health & safety and responding to risks

The practice's health and safety policies were up to date, kept under review and covered general workplace and specific dentistry related topics. Employer's liability insurance and staff professional indemnity insurance was in place.

The practice had information about the control of substances hazardous to health (COSHH). The folder included lists of dental products and materials used at the practice. There was a review sheet with annual dates to show when the folder had been reviewed. However, when we looked through the folder with the head dental nurse we found that some data sheets were up to 10 years old. The head dental nurse agreed that these may no longer be current and said they would complete a comprehensive review of all of the contents and in future would use a separate review sheet for each product.

The practice had latex free disposable gloves available to remove the risk to patients or staff who might be allergic to latex.

The practice completed a fire risk assessment in 2012 and had reviewed this annually. They conducted monthly fire safety audits and fire drills and we saw the records of these since 2012. The records showed that all or most staff took part in every fire drill. A specialist fire safety company completed annual checks of the fire alarm system, the emergency lighting and the fire extinguishers. The practice also had records of various daily, weekly and monthly fire safety checks and tests they carried out themselves.

The practice had a business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice. This included details of relevant contacts including staff members, contractors and commissioners. The registered manager kept a copy off site to ensure information was available if the building was unsafe to enter.

Infection control

The practice was visibly clean and tidy and this was confirmed by information from most patients who completed a comment card. Cleaning equipment was available and colour coded appropriately to help reduce the potential for cross infection. The practice had cleaning schedules to specify the various cleaning tasks to be

Are services safe?

carried out and the frequency of these. They employed a cleaner for the general cleaning of non-clinical areas at the practice. The cleaner kept a record to confirm they had carried out the required cleaning tasks each day.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. The practice had an infection prevention and control (IPC) policy which had been reviewed at least annually. The head dental nurse was the IPC lead for the practice.

The practice completed IPC audits twice a year and for the most recent one in January 2017 used the format from the Infection Prevention Society (IPS). The practice had achieved a score of 99% for this.

We reviewed the practice's processes for the cleaning, sterilising, and storage of dental instruments and looked at their policies and procedures.

Decontamination of dental instruments was carried out in the separate decontamination room. This was separated from a treatment room by a full height glass partition. This enabled patients to see the dental nurses carrying out the decontamination process. The registered manager told us patients found it reassuring to see how instruments were cleaned and sterilised. The practice also took patients who were interested into the decontamination room to show them the process in more detail.

One dental nurse was assigned to be the decontamination nurse each day and there was a rota to share this responsibility between the dental nurse team. The clean and dirty areas of the decontamination room were clearly identified using colour coding. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. This included sterilising new re-usable instruments before they used them for the first time.

The practice kept records of the expected decontamination processes and checks including those to confirm that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately. The practice confirmed that they used single use instruments whenever possible in line with HTM01-05 guidance and did not re-use items designated as single use only.

The practice had personal protective equipment such as heavy duty and disposable gloves, aprons and eye protection available for staff or patient use. We saw that staff working in the decontamination room used face visors to protect them from spray and particles while processing instruments. These and the disposable aprons were colour coded for use in the clean and dirty areas of the room. There were designated hand wash basins in the treatment rooms and decontamination room for hand hygiene. Automatic dispensers with liquid soap, hand gel and hand cream were provided. The keyboards in the treatment rooms were washable and staff told us they cleaned them every day.

Suitable spillage kits were available to enable staff to deal mercury spillage and with any loss of bodily fluids safely.

A Legionella risk assessment was completed by a specialist company in 2012. Legionella is a bacterium which can contaminate water systems in buildings. The practice records showed that they had acted on all the recommendations in the risk assessment. We saw that the practice carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm, such as Legionella, in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and the chemical manufacturer's instructions.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment and duty of care documents. The practice had not been labelling their waste with the practice postcode but set up a system for this before we left the building. Waste was stored securely before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was displayed for staff to refer to and they were aware of what to do. The immunisation status of each member of staff was available in staff records. Appropriate secure boxes for the disposal of sharp items were used.

We noted some damage to the upholstery of a dental treatment chair and two of the dental nurse's seats. The

practice had already identified that these needed to be repaired or replaced. Within 36 hours of the inspection the practice sent us documentary evidence from a dental supplier that arrangements were in hand for this.

Ventilation was installed in the treatment rooms and decontamination room to provide airflow as set out in HTM01-05.

Equipment and medicines

The practice obtained all their dental equipment from the same well known dental supplier to ensure they only purchased genuine equipment manufactured to the required standard. We saw the up to date maintenance and revalidation records for the X-ray equipment and the equipment used to clean and sterilise instruments. There was no record to confirm that one of the two ultrasonic baths used to clean instruments had been serviced. The second machine was not yet a year old and so was not yet due for servicing. The practice sent us documentary evidence within 36 hours that both machines were serviced the morning after the inspection. This information also confirmed that the ultrasonic baths had been added to the engineer's annual work schedule. The pressure vessel equipment at the practice had been inspected during 2016 and appropriate insurance was in place.

Certificates were available showing that the portable electric appliances were checked annually. We saw records confirming that the five year electrical installation test had recently been completed by an appropriately qualified electrician. The gas boiler was due for service in June 2017 but the practice was unable to find their Landlord's Gas Safety Certificate, although they did have an invoice for the 2016 check. They arranged to have the gas boiler serviced immediately instead of waiting until June so they would be able to obtain a new Landlord's Gas Safety Certificate.

NHS prescription pads were stored securely and the practice had stock control records including serial numbers of the blank prescriptions they held. We observed that a small number of blank prescriptions in stock had been endorsed with the practice stamp before they were completed for any patients. The registered manager assured us that in future they would not stamp prescriptions until they were completed for specific patients. They confirmed this in writing within 36 hours of the inspection and informed us they would discuss this with staff at a team meeting on 15 February. The practice held a small supply of antibiotics for dispensing to patients. These were stored securely and the practice had stock control records including expiry dates. Medicines were labelled with the required information when given to patients and manufacturers' patient information leaflets were provided.

The practice had a clinical refrigerator to store temperature sensitive medicines and dental materials. They checked the refrigerator temperature daily and kept a record of this.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). We established that most of the required information was available including the local rules, an inventory of equipment used to take X-rays and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The required notification to the Health and Safety Executive (HSE) that radiography equipment was used at the premises was not available. The registered manager thought this was may have been archived. They sent a new notification to the HSE during the inspection and we saw confirmation from HSE that they received this. The records showed that the practice had arrangements for maintaining the X-ray equipment and that relevant checks were up to date.

We confirmed that the dentists' IRMER training for their continuous professional development (CPD) was up to date.

The practice used digital X-ray machines, beam aiding devices and rectangular collimators, a particular type of equipment attached to X-ray machines to reduce the dose of X-rays patients received. We saw evidence that the dentists justified, graded and reported on the X-rays they took.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice team were aware of published guidelines such as those from National Institute for Health and Care Excellence (NICE), the Faculty of General Dental Practice (FGDP) and other professional and academic bodies. This included NICE guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals. The dentists confirmed to us that they took these into account when planning and providing individualised treatment to patients. They explained they took a risk based approach to guidance. For example, they did not consider they always needed to take X-rays based on FGDP criteria. This was because they knew most of their patients so well (many since childhood) and because most patients had good oral health and lived in an area with fluoridated water.

The dentists kept records about patients' dental care and treatment but did not always formally record their assessment of each patient's risk factors for tooth decay, gum disease and oral cancer. The practice had identified this in an audit of the dentists' records in June 2016. They planned to repeat the audit in June 2017. Because we identified that this appeared to be an ongoing issue the registered manager and head dental nurse confirmed they would repeat the audit during February 2017.

The dentists assessed the condition of the patients' gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed in relation to a patient's gums. Patients who needed ongoing advice, support and treatment in relation to their gum health were referred by the dentists to the dental hygienist at the practice or to other specialist periodontal services. The dentists checked patients' general oral health including monitoring for possible signs of oral cancer.

The practice asked all patients to fill in a medical history form and checked and updated this information at every appointment. They used a tablet computer for this and for other record keeping including treatment planning and obtaining consent.

Health promotion & prevention

The practice was in an area which had fluoridated water. The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would be beneficial. We confirmed that the dentists used fluoride varnish for children in accordance with guidance in the Delivering Better Oral Health Tool-kit from the Department of Health based on an assessment of the risk of tooth decay for individual children.

The practice's medical history forms included questions about smoking, alcohol consumption and diet all of which have an impact on oral health. Information leaflets were provided to patients when needed. A range of dental care products were available for patients to buy. There was information in the waiting room about various dental and other health related subjects.

Staffing

We confirmed that clinical staff completed the continuous professional development (CPD) required for their registration with the General Dental Council (GDC). The practice paid the GDC and professional indemnity fees for the dental nurses and were therefore assured that these were up to date. The practice had copies of staff training certificates and we saw evidence that staff kept records of their individual CPD. The head dental nurse monitored that the dental nurses were progressing with their CPD. The practice had a formal training agreement with the dental nurse and paid the course fees for their initial dental nurse training and for some post qualifying courses. Several staff we spoke with confirmed this when we discussed training with them. They also told us that the partners supported them in other ways such as allowing them to do course work and on line training when the practice was quiet. The head dental nurse was undertaking a level five Diploma in Primary Care and Health Management to develop their knowledge and skills for their role in the day to day management of the practice.

We saw that all members of the practice team received annual appraisals. The practice used a structured appraisal form to help staff prepare for their appraisal meeting. This included sections to record their identified learning needs and professional development plans.

The practice had a structured induction checklist for new staff. These showed the dates each topic was covered with the member of staff and included sections to record reviews of their progress. We spoke with a trainee dental nurse about their experience of their induction process. They were very positive about the welcome they received

Are services effective?

(for example, treatment is effective)

and the support, information and practical assistance the practice team had given them. They were able to describe and explain a wide range of important knowledge they had gained. This included clinical and health and safety related topics and subjects such as safeguarding, confidentiality, data protection and infection prevention and control. They confirmed that they were never asked to carry out a task before they had been adequately trained and assessed as being competent to do so. They described their practical training as including three steps – watching, being watched and being supported to be independent.

Working with other services

The practice had a structured referral policy and supporting information for when they needed to make referrals to NHS dental hospitals and access clinics or to specialist private dental services. This was usually because a patient needed specific specialist care or treatment that the practice did not provide. The dentists also referred patients to the practice's dental hygienists. All referrals to other services were sent within 14 days unless they were more urgent. We saw four examples of referral letters all of which contained the required information.

Patients were referred for investigations in respect of suspected oral cancer in line with NHS guidelines. This included referrals under the national two week wait arrangements.

In the past the practice kept a record of all referrals they made to other services but this had lapsed in 2015. The practice had recently re-established a system to log and monitor all referrals. Individual dentists said they had monitored referrals during the period when the practice did not have a structured process for this. The practice told us that they would provide a copy of a patient's referral letter if a patient asked for this.

Consent to care and treatment

Members of the practice team understood the importance of obtaining and recording patients' consent to treatment. Written consent was obtained for private and NHS treatment provided at the practice. Consent for NHS treatment was recorded using the appropriate NHS forms for adults and children and private patients were asked to sign a copy of their treatment plan. Information from patients confirmed they received the information and explanations they needed to make informed decisions about their treatment.

The practice had a consent policy which included information about the Mental Capacity Act (MCA) 2005. 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. The practice's policy was supported by standard forms they could use if they needed to complete a mental capacity assessment or record a best interest decision. Most staff were knowledgeable about the relevance of this legislation to the dental team. One dentist said they planned to investigate learning opportunities to increase their knowledge about the topic.

The practice's consent policy referred to decision making where young people under the age of 16 might be able to make their own decisions about care and treatment. The dentists and dental nurses were aware of the need to consider this when treating young people but had no specific examples of occasions when they had needed to do so.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 83 completed CQC comment cards and by speaking with two patients during the inspection. All of the information was positive about the way the dentists and other members of the practice team dealt with patients. The information from patients showed that the practice was highly regarded. Patients were positive about all members of the team and described them as compassionate, considerate and respectful. They were unanimous in their positive view of the care and treatment they received, in some cases for 20 years. This positive picture was endorsed by the results of the practice's NHS Friends and Family Test during 2016. These showed that of the 799 patients who took part, 647 were extremely likely to recommend the practice and 151 were likely to. The remaining person had responded 'don't know'.

All members of the team we spoke with showed a caring and respectful attitude towards patients. We observed staff speaking with patients in a friendly way whether this was in person or on the telephone.

The waiting room was slightly apart from the reception area which had a glass sliding partition to help provide privacy when staff were dealing with patients on the telephone. Staff explained that when patients needed more privacy to discuss something they used the practice manager's office or an empty treatment room for this. The height of the desk and the position of the receptionists' computer screens ensured patients could not see the computer screens. Staff also told us they always locked their screen if they left the desk unattended. No personal information was left where another patient might see it.

The practice had confidentiality, data protection and information governance policies and staff were aware of these. Reception staff understood their responsibility to take care when dealing with patients' information in person or over the telephone. An information leaflet was available for patients describing the practice's approach to safeguarding their personal information.

Involvement in decisions about care and treatment

Patients receiving private treatment were given a written treatment plan to read and sign using the practice's tablet computers. NHS patients were given treatment plans on the appropriate NHS form; this was also done using the tablet computers. The dentists spoke to us about the importance to them of having positive relationships with their patients and that this helped when discussing treatment needs and the risks and benefits of the available options. This included giving clear explanations and allowing time for questions, particularly with patients with severe anxiety and children.

The CQC comment cards included information that patients received full explanations about their treatment in a way they were able to understand. People confirmed that staff put them at ease, took time to listen to them and discussed their options with them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 83 completed CQC comment cards, the practice's own patient surveys and their NHS Friends and Family test. All the information we reviewed provided a positive picture of the service with patients describing high levels of confidence in the care and treatment they received.

We discussed the appointment booking system with reception staff. They explained that appointments for treatment were booked according to the treatment needed. The dentists used the computer messaging system to let reception staff know if an appointment needed to be longer than the standard time generated by the computer system.

The practice had a patient information leaflet and additional information was available in the waiting room. Patients were provided with written information about the fees for private and NHS treatment and the details of a dental payment plan the practice made available. The practice also provided information for patients on their website.

Some patients who completed a CQC comment card told us that the practice had been particularly supportive in treating them or members of their family who had specific needs. This included children, patients with disabilities and patients with significant anxieties about receiving dental treatment.

Tackling inequity and promoting equality

The practice premises were accessible for patients with mobility difficulties. They had a formal assessment completed by a specialist company to ensure they had made all reasonable adjustments for patients with disabilities. There was sufficient space within the building for patients who used wheelchairs including the patient toilet. The patient toilet had a low level wash basin and mirror, grab rails and an emergency call bell. A hearing loop was installed to assist patients who used hearing aids and translation services were available for patients who may not be able to communicate in English. There was a door bell outside for patients to use if they needed help to open the door into the building.

Staff told us that they rarely had patients who were unable to manage a conversation in English but confirmed they could arrange translation services through the NHS if needed. They showed us information about this service and we noted that it could also arrange British Sign Language translation.

Access to the service

The practice was open 9am to 5pm on Mondays, Wednesdays and Thursdays, 9am to 6.30pm on Tuesdays and 9am to 4pm on Fridays. The practice closed for lunch from 1pm to 2pm. Information from patients in CQC comment cards confirmed they were able to make appointments easily, including at short notice. In the practice's 2016 patient survey overall patient satisfaction scores for appointment booking were between 89% and 93%.

The practice answerphone message advised patients to telephone the NHS 111 out of hours service if they needed dental treatment urgently when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided information about external bodies patients could go to with any concerns. This included the Dental Complaints Service (for private patients), and NHS England and the Parliamentary and Health Service Ombudsman (for NHS patients). It also included contact information for the General Dental Council (GDC) and CQC.

The practice had only received one complaint. The practice had recorded this as a significant event and arranged a team meeting to discuss it. Staff we spoke to volunteered this information before we raised the subject. This showed openness and an awareness of positive complaint management. The practice provided an honest and constructive response to the patient. Because one root cause of the concern was that staff at reception were too busy, the practice increased their staffing levels.

Are services well-led?

Our findings

Governance arrangements

The principal dentist, registered manager and the head dental nurse shared the management and clinical leadership of the practice, each with delegated responsibility for specific areas. During the inspection it was evident that they communicated well and worked effectively as a team. The head dental nurse was undertaking a level five Diploma in Primary Care and Health Management to develop their knowledge and skills for their role in the day to day management of the practice.

The practice had a quality assurance policy which was available for patients at the practice and on their website. The practice used a quality management system which they used to monitor their compliance with relevant legislation and national guidance. The practice provided us with a copy of their up to date report. This showed us that the practice actively used the system to monitor and review the day to day management of all aspects of the service.

The practice had policies, procedures and some risk assessments many of which were based on 'off the shelf' documents from a national company. Most were tailored to the specific arrangements at the practice but we noted a few examples where this had not been done.

The practice had robust information governance arrangements and staff were all aware of the importance of complying with these. For example, they told us that they always locked computer screens if these were left unattended and that the tablet computer screens were also locked when not being used.

Leadership, openness and transparency

During the inspection we observed that the practice team worked extremely well as a team. It was evident that the relationships between the management team and staff were professional, relaxed and mutually caring and supportive. Staff we spoke with emphasised the openness and approachability of the management team. They told us they could raise any concerns they might have and always knew who to go to about anything they needed to know.

The practice had policies regarding harassment and the Duty of Candour and these were available for staff to refer to. There was a whistleblowing procedure for staff to follow if they identified concerns at the practice.

Management lead through learning and improvement

There was a strong culture of learning and improvement. This was evident from the support for staff learning and development and from the practice's response to significant events. The practice team addressed matters we raised during the inspection either before we left at the end of the day or the following day.

We saw evidence that patients' comments, significant events and accidents were discussed with the staff group and changes made when necessary. The practice wrote to us within 36 hours of the inspection to inform us they planned to discuss the initial outcome of the inspection at a clinical meeting on 13 February and a full team meeting on 15 February. The purpose of these meetings was to review the issues raised and discuss any improvements needed.

All members of the team received annual appraisals. We saw evidence that the clinical staff maintained their continuous professional development (CPD). Staff confirmed that the practice funded their training to support their ongoing training and development.

The practice held monthly team meetings. These were centred on a learning topic. The 12 topics for 2016 included fire safety, safeguarding, confidentiality, radiography, patient care, care standards, emergency procedures and leadership and management. The meetings were also used to discuss other topics such as significant events, complaints and clinical matters. Staff told us the notes of the meetings were shared so they could read them if they could not attend.

We saw that the practice had an established audit system. Audits are intended to help dental practices monitor the quality of treatment and the overall service provided. We looked at the audits carried out during 2016. These included grading of X-rays, infection prevention and control, patient records, waste management and emergency procedures. An audit of patients' records in June 2016 identified that they did not always record their assessment of each patient's risk factors for tooth decay, gum disease and oral cancer. We identified that this appeared to be an ongoing issue and so the registered manager and head dental nurse confirmed they would repeat the audit during February 2017 instead of waiting

Are services well-led?

until June as intended. Following the inspection the practice confirmed in writing that they had decided to bring forward all of the 2017 audit dates to identify any areas for improvement as soon as possible.

The registered manager told us that they provided opportunities for young people planning a career in dentistry to spend time at the practice. This included observing some treatments provided that patients gave consent to this.

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

The practice used the NHS Friends and Family Test to obtain patients views about the practice. These showed that of the 799 patients who took part in 2016, 647 were extremely likely to recommend the practice and 151 were likely to. The remaining person had responded 'don't know'. We looked at a sample of additional comments all of which were positive.

The practice also carried out its own annual patient survey. We looked at the headline results for the 2016 surveys. These were based on a sample of up to 40 patients for each of the four dentists and reflected positive results between 85% and 100% for the 10 topics covered.

Staff told us they were happy at the practice and that the whole team was supportive and approachable. Staff told us they knew they could raise any concerns they might have and that the management team would deal with these in a positive way.