

Hanover Dental Practice

Bayston Hill Dental Practice

Inspection Report

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Date of inspection visit: 7 October 2015
Date of publication: 26/11/2015

Overall summary

We carried out an announced comprehensive inspection on 7 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.

Bayston Hill Dental Practice provides NHS dental treatment to children and adults and has a General Dental Service (GDS) contract in place. There are approximately 1800 patients who attend the practice. The

practice is situated in Bayston Hill, Shrewsbury. Bayston Hill Dental Practice has two dentists, one works three days per week and the other one day a week, the practice is closed every Friday. The practice team includes a dental nurse, a trainee dental nurse, a practice manager/ dental nurse and a receptionist. The practice team is supported by the providers' general manager, who works across all four of the provider locations.

The practice is all on the same level, on the first floor above a parade of local shops. The practice is accessible by the use of stairs and is not suitable for patients with reduced mobility. The reception area is separated from the waiting room via a counter desk. Staff managed patient privacy by requesting that only one patient at a time approaches the counter desk. The practice has two dental treatment rooms. The practice has a separate room for the decontamination and cleaning, sterilising and packing of dental instruments.

Before the inspection we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 36 completed cards. These provided extremely positive views of the service the practice provides. Patients told us the practice was either excellent or very good, staff were welcoming, that the dentists were professional, caring, understanding of their anxieties, thorough and fully explained any procedures and the fees/costs. Several patients specifically commented that the dentists put them at ease and had allayed their fears.

Summary of findings

We spoke with four staff members all understood the needs of their patients living with dementia illnesses and those with learning disabilities. They understood their responsibilities under the Mental Capacity Act (2005).

The practice business is operated by a partnership, Hanover Dental Practice with two partners, both partners are dentists. The practice has a registered manager with the CQC. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 (amended 2014) and associated Regulations about how the practice is run.

Our key findings were:

- The practice had systems for dealing with significant events and accidents and staff understood their responsibilities for providing a safe service.
- The practice was visibly clean and tidy.
- The practice had systems, medicines and, with the recent purchase of an Automated External Defibrillator (AED), equipment for the management of medical emergencies and staff were trained to know how to deal with these.
- The practice had safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- Clinical records included the essential information expected about patients' care and treatment including treatment plans and consent to care and treatment.
- The practice was committed to staff education and development. Staff received training appropriate to their roles and were encouraged and supported in their continued professional development (CPD).
- The practice received very few complaints but had a clear system for handling and responding to these.
- Patients who completed Care Quality Commission comment cards were pleased with the care and treatment they or their family member received and were complimentary about the whole practice team.

- The practice had well organised governance and leadership arrangements and an open door policy which made staff feel valued and listened to.
- The practice had open and supportive leadership and staff were happy in their roles, professional and enthusiastic.

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

- Install a lock on the waiting room storage cupboard in accordance with the Control of Substances Hazardous to Health (COSHH).
- Consider the constraints of storage areas at the practice and environmental cleaning arrangements in order to be in line with the National Patient Safety Agency (NPSA) guidance: Specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises.
- Reduce the risk of cross infection post sterilisation of instruments by use of instrument pouches and implement changes to the local decontamination unit sink overflow seal.
- Reconsider the storage arrangements for medicines for use in the event of an emergency to ensure they are stored securely but are readily accessible to staff.
- Where the two oxygen cylinders are stored consider guidance in respect of oxygen hazard signage.
- Mitigate any risks identified regarding the lack of electrical socket availability within the reception area.
- Review and update the Equality Act 2010 assessment of the building and make firm plans to improve the facilities where reasonable based on the findings of this. This should include a review of the suitability of the staff toilet and the installation of hand wash facilities as well as the lack of a patient toilet
- Clearly advertise within the practice brochure that the practice does not have a patient toilet facility.
- Consider staff training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLs).
- Implement timely improvements to the dental treatment room (surgery 1) identified as requiring refurbishment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had safe systems for carrying out X-rays and dealing with medical emergencies. However, at the time of the inspection the practice did not have an Automated External Defibrillator (AED). This 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. During the inspection the provider provided evidence that an AED had been purchased. Staff were aware of the management of adverse incidents process. In general health and safety risks were known and understood by staff and staff took appropriate action when risks were identified. Staff received training in child protection and safeguarding vulnerable adults and understood their responsibilities in terms of responding to any potential abuse. The practice had arrangements to ensure equipment used within the practice was serviced regularly which included equipment used for the sterilisation of instruments.

Improvements were needed in reducing the risk of cross infection post sterilisation of instruments, environmental cleaning and waste storage, hand wash facilities in the staff toilets, in the secure storage of medicines and the Control of Substances Hazardous to Health (COSHH). One of dental treatment rooms required improvements to be made. Following the inspection the provider forwarded an action plan for improvements to be made within a three month period to this dental treatment room.

Are services effective?

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

Patients' individual needs and personal risks were being assessed. Care and treatment was being delivered in a way that ensured patient safety and welfare. Where specialist dental care needs were identified referrals had been made and were followed up to ensure continuity of care.

Patients told us that they felt fully informed about their dental care and were subsequently able to make informed decisions about their proposed treatment. Staff working at the practice were clear about their individual roles and responsibilities and had undertaken appropriate training to support them in their roles and enable them to meet the needs of patients. Information for staff on Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training was being considered.

Are services caring?

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

We found that staff were sensitive to the needs of their patients and aware of the need to ensure patient confidentiality. The patients who completed comment cards spoke very highly of the care they received and told us the team made them feel welcome, staff were professional, friendly and treated them with respect. Staff told us how they ensured patients were kept informed about their oral health at each visit and how they supported them to make decisions about their care. Patients told us that they felt involved in their treatment and that it was explained fully to them. Results from the NHS Friends and Family test and the practice's own surveys echoed these positive views.

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

We found the practice was aware of patients' needs and in particular those who may have high levels of anxiety. Patients told us that they were able to get appointments when they needed to and that they could get appointments in an emergency. There were arrangements for dealing with any complaints and concerns raised by patients or their carers.

Are services well-led?

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

The practice manager and general manager provided day to day support for the staff team as well as the dentists. It was evident from discussions with staff that these arrangements worked well. Staff told us they felt supported and were encouraged to extend their learning. We saw that feedback from patients was encouraged and there were systems to capture feedback from patients as they visited the practice and to use the information to improve the service provided. The practice also told us when their patients were referred to other services such as for specialist or emergency care their patients fed back their views on the service they had received elsewhere. These had all been positive and the practice continued to refer their patients to these services accordingly.

Bayston Hill 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 and 2014.

We carried out an announced, comprehensive inspection on 7 October 2015 by a CQC inspector and a dentist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection. During our inspection visit, we reviewed a range of policies and procedures and other documents including dental care records. We spoke with four members of staff, including the management team. We looked around the premises including the treatment rooms. We looked at the storage arrangements for emergency medicines and

equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed 36 Care Quality Commission (CQC) comment cards completed by patients and the review posted on the NHS Choices website. Patients gave extremely positive views about the care and experience of the practice. To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place. The practice manager said there had been no incidents of significant events reported in the previous 12 month period. We saw records which included accidents, there had been four accidents reported in total since 2009, these records were well maintained. We saw a template which the staff would complete that demonstrated that should a significant event occur there was a process in place which included a full investigation, action plan and any learning from the event would be shared with all staff at the practice meetings. We saw that the last practice meeting had been held in June 2015 and prior to that November 2014 and March 2014. As a small practice team they spoke to each other daily and the dentist held clinical meetings weekly but these were not minuted. The practice aimed to hold formal minuted staff meetings at least twice a year.

We saw that should incidents occur such as sharp instruments or needle stick injuries that these were discussed, recorded and the outcome shared as learning for improvement. The last report incident was a scaler tip sharp incident reported in August 2013 which was appropriately followed up. The practice responded to national patient safety and medicines alerts that were relevant to the dental profession. Any relevant notices were available for staff to read were discussed either at practice meetings or brought to staff attention informally. Where policies had been updated systems were in place to confirm that staff read these updates. The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had access to the appropriate recording forms.

Reliable safety systems and processes (including safeguarding)

We discussed child and adult safeguarding with staff at the practice. They were aware of how to recognise potential concerns about the safety and well-being of children, young people and vulnerable adults including older patients living with dementia. The practice had a

safeguarding policy for staff to refer to and contact details for the relevant safeguarding professionals. This information was kept on the practice computer system together with staff access to a paper copy with a flow chart which staff could easily refer to. The dentist and practice manager were the safeguard leads for the practice. We saw documentary evidence that staff had undertaken children's safeguard training, a new staff member and a clinical and non-clinical staff member had yet to attend the adult safeguard training. We were told that this training had been cancelled but the practice manager assured us that there were plans in place to attend a course in the near future. The general manager had completed children's and adults safeguard training in 2015. Staff we spoke with knew who to report concerns to outside of the practice and had access to the contact details for external agencies.

Rubber dams were used in root canal treatment. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. At the time of the inspection the practice did not have an Automated External Defibrillator (AED). This 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. During the inspection the provider provided evidence that an AED had been purchased. The practice had the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The two emergency oxygen cylinders were in a location known to all staff. All of the emergency medicines were in date and stored within one of the treatment rooms. The medicines were readily accessible for staff to use. The medicine storage was in a cupboard which was not lockable in the event that a patient was left alone in the treatment room. The practice manager assured the Care Quality Commission that they would review the medicine storage arrangements so they were stored securely but remain accessible in the event of an emergency.

The expiry dates of medicines and equipment were monitored using a check sheet which enabled the staff to

Are services safe?

replace out of date drugs and equipment promptly. The practice held in-house training sessions for the whole team to maintain their competence in dealing with medical emergencies using an outside provider.

Staff recruitment

We looked at the staff files for three of the current employees and the practice's recruitment policy and procedure. We saw that most of the practice staff had been employed at the practice for over five years. We found in general the practice held the required information for each member of staff employed. This included photographic proof of identity. The recruitment policy reflected the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. It contained clear information about the checks the practice would carry out when appointing new staff. All staff had been subject to a Disclosure and Barring Service (DBS) check. 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.

Monitoring health & safety and responding to risks

The practice had health and safety policies in place. There were a number of health and safety related policies. These included, Control of Substances Hazardous to Health (COSHH), sharps, slips, trips and falls and fire safety. The practice stored waste developer for X-rays in the waiting storage cupboard. This was not lockable in accordance with COSHH regulations. The general manager assured the Care Quality Commission that they would mitigate any risks and review these arrangements by installing a lock.

The reception area had limited electrical sockets for the number of electrical equipment required. In the reception area there was an electrical extension lead with a breaker switch with seven plugs to various equipment attached. There was also a socket used for the kettle and another small appliance without a breaker extension lead. The electronic system server was housed in a small cupboard with staff bags and other equipment stored with it. The general manager and practice manager said they would review any risks and mitigate these where possible. Following the inspection the general manager informed the Care Quality Commission that they were sourcing advice with a full electrical assessment to be completed during October.

We saw that the practice manager completed smoke alarm checks and that staff attended six monthly fire drills. The last fire drill had taken place in September 2015 and prior to that March 2015. The practice did not have a fire alarm system in place. The practice had fire extinguishers with a service history and a fire risk assessment was in place which noted the location of the oxygen cylinders. Staff attended fire safety awareness training as part of their induction and staff told us they had received training.

The practice had two treatment rooms. X-ray facilities were located in each of the dental treatment rooms. For patients who experienced limited mobility the practice had arrangements in place with other local practices. One dental treatment room had an intra-oral X-ray machine for taking small films which are most commonly used in dentistry.

Infection control

The practice was visibly clean and tidy. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice.

Due to the constraints of storage areas at the practice we found that the waste storage and environmental cleaning arrangements were not in line with the National Patient Safety Agency (NPSA) guidance: Specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises. Clinical waste was stored in the waiting room area in an unlocked cupboard until collection. A Clinical waste contract was in place.

The dental nurses had their own cleaning responsibilities in the treatment rooms. The practice had systems in place for testing and auditing infection control procedures. We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing hand washing techniques were displayed. Sharps bins were properly located, signed, dated and not overfilled.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective

Are services safe?

equipment during the process. These included aprons, protective eye wear with a face visor and gloves. We found that the local decontamination unit sink overflow needed to be sealed.

We found that instruments were being cleaned and sterilised in line with the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices published guidance. On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice first cleaned the instruments which were scrubbed in a sink designated for this purpose. All instruments were then rinsed and examined visually with an illuminated magnifying glass before being sterilised in an autoclave. We found that the equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. We found that instruments such as dental mirrors were not pouched once sterilised and were stored on a single tray for use. During a dental treatment or procedure it would be problematic for the dentist to achieve good infection prevention as the dentist could easily touch the other instruments held in the same tray. The dentist, practice manager and general manager decided to change their process to pouch instruments to reduce the risk of cross infection as a result of our feedback during the inspection. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

We saw that staff were well presented and wore clean uniforms. We saw that appropriate personal protective equipment was worn by staff and provided for patients when undergoing treatment. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise the risk of blood borne infections. The practice had an up to date legionella risk assessment in place.

The practice did not have patient toilet facilities and this was advertised in the waiting room. The staff toilet was not ideal, it did not have a wash hand basin or hand drying facilities. The staff toilet contained hand wash gel/alcohol

solution. Staff then had to go into either a treatment room or the reception to wash their hands with soap and water. There was no assessment of risk in place. We spoke with staff about the events when patients' toilet needs were great and they had to use the staff toilet, such as a young child. Staff told us on those rare occasions the patient used the toilet they washed their hands in reception and staff cleaned the toilet and door handles immediately after. One of the dental treatment rooms required improvement, there were some splashback tiles which were not fixed to the wall, the floor surface had some cracked tiles which would be difficult to clean, one wall was wallpapered and the window reveal wallpaper was water marked following some water leakage. Following the inspection the provider informed the Care Quality Commission of the action plan they had put in place for the total refurbishment of the treatment room which they hoped would be completed within a three month period.

Equipment and medicines

The practice was a tenant in the building. We looked at the maintenance schedules for the equipment used in the practice. This showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate dental engineers. This included the equipment used to sterilise instruments and X-ray equipment to ensure they were in working order and easily accessible. Portable electrical appliances had been tested by an electrical contractor in 2015. However we saw a cooling fan which did not have a label with the date the test had taken place. The practice manager showed us a list of the equipment tested which included three cooling fans with different identification codes. The practice had a system in place to monitor medicines in use at the practice. Staff checked the medicines regularly and kept records of this. We saw from a sample of clinical records that the dentist recorded the name of the medicines they prescribed together with the dose and timing. The batch numbers for local anaesthetics were recorded in the clinical notes we saw. There was sufficient sterilised equipment available for patients' treatment. Prescription storage was secure with serial numbers noted and monitored by the practice manager.

Radiography (X-rays)

We were shown records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records included the local rules and the names of the Radiation Protection

Are services safe?

Advisor and the Radiation Protection Supervisor along with the necessary documentation relating to the maintenance of the X-ray equipment. The maintenance logs were within the current recommended interval.

We looked at the dentist's continuous professional development (CPD) training records in relation to IRMER requirements; these were within the recommended five year renewal period. We saw a copy of the most recent radiological audit was completed in 2015. We looked at a

sample of dental care records where X-rays had been taken on the day of our visit. These showed that the dentist had recorded their justification for taking these X-rays, quality assured the x-rays and recorded the findings seen on the x-rays in the clinical records. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The dentist told us they asked patients to complete a medical history questionnaire to provide the practice with details of health conditions, medicines being taken and any allergies suffered. The dentist described a typical examination which covered the condition of a patient's teeth, gums and soft tissues and detecting the signs of mouth cancer. They explained that they made patients aware of the condition of their oral health and whether it had changed since the last appointment. They gave each patient a treatment plan which included the cost involved where applicable.

We looked at a sample of seven dental treatment records for patients who attended the practice including two child/adolescent records. These confirmed that the findings of the dentist's assessment and details of the treatment carried out were recorded and in line with current best practice. We found that the dentist completed the record to include health promotion advice notes. We saw details of the condition of patients' gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. The records also confirmed that the dentist had checked the soft tissues lining in the mouth which can help to detect early signs of cancer. The records confirmed that each of the dental X-rays taken were justified, reported on and quality assured and contained treatment plans, treatment options and details of any associated costs. When the patient's treatment was complete, the dentist incorporated a risk based approach to determining the dental recall interval based on the National Institute for Health and Care Excellence (NICE) dental recall guidelines.

Health promotion & prevention

The waiting room contained literature in a brochure accessible to patients that explained the services offered at the practice. The dentists advised adults and children of steps to take to maintain healthy teeth. They explained tooth brushing techniques and gave advice on diet, smoking, and alcohol consumption in line with the DOH publication 'Delivering Better Oral Health'. Patients we

spoke with mentioned that the clinical staff gave guidance about oral health care and also provided nutritional information where appropriate. Staff had attended various courses to improve their health promotion and prevention knowledge and skills. For example staff had received training in providing further information on smoking cessation and oral health.

Staffing

Bayston Hill Dental Practice had two dentists. One dentist worked three days and the other one day a week. The practice closed every Friday. The practice team included a dental nurse, a trainee dental nurse, a practice manager/dental nurse and a receptionist. The practice team were supported by the provider's general manager, who worked across all four of the provider locations.

Some staff we spoke with said they had worked at the practice for over five years. All new staff received an induction on commencement of employment at the practice, this included familiarising themselves with the practice's policies and procedures. We saw that staff completed a checklist which was signed and dated once they had read the policies and procedures and/or any changes in policies and procedures. This included a wide range of important and appropriate topics such as emergency medicines arrangements and fire safety. The induction itself was formalised and documented and was altered to reflect the new employee's role requirements. The practice recorded details of the dates on which information or training was provided and the assessment of staff competence. We saw evidence that members of the clinical team had completed appropriate training to maintain the continued professional development required for their registration with the General Dental Council. This included medical emergencies in dental practices, infection control, child and adult safeguarding, dental radiography (X-rays), and varied dental topics. The individual staff records contained details of confirmation of current General Dental Council (GDC) registration, current professional indemnity cover and immunisation status. The exception was the staff member on maternity leave. The practice manager and general manager were aware of the interim arrangements in place in respect of the staff member's GDC registration. The practice manager and general manager were also considering a simplified spreadsheet for the staff training they considered to be essential for staff. This would include the date of the

Are services effective?

(for example, treatment is effective)

training and how regularly refresher training was required. The general manager maintained a spreadsheet on the number of continuing professional development hours both verifiable and non-verifiable completed by staff.

Working with other services

We saw records that demonstrated that the dentists referred patients who required any specialised treatment to other dental specialists as necessary. The care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice who would provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using the appropriate referral process.

Consent to care and treatment

The dentist and staff we spoke with were aware of the need to gain valid consent from patients and understood the use of Gillick competency in young persons. Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The dentist had a clear understanding of consent issues. We found that verbal consent was recorded in the patient's records. They

stressed the importance of communication skills when explaining care and treatment to patients. They understood that consent was an ongoing process and a patient could withdraw consent at any time. The dentist explained that they gave patients a detailed verbal explanation of the type of treatment required, including the risks, benefits and options. The comment cards reviewed reflected that patients were offered treatment options where applicable, felt fully informed of their choices and consented to treatment.

The practice had a consent policy and had Department of Health guidance available about the Mental Capacity Act 2005. The Mental Capacity Act 2005 (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 dentist explained how they would approach the issue of consent with patients who may not fully understand the implications of their treatment. Staff we spoke with assured us that if there was any doubt about their ability to understand or consent to the treatment, then they would postpone treatment. They said they would involve relatives and carers in discussions to ensure that the best interests of the patient were served as part of the process. Staff at the practice had yet to receive training on Deprivation of Liberty safeguards (DoLs) or the MCA 2005. The general manager provided assurance that staff training would be sought. Staff said they would take advice where appropriate to do so to help ensure people's best interests were considered and choice maintained.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 36 completed cards. These provided a very positive view of the service the practice provides. Patients told us the practice was welcoming and that the dentists were professional, considerate, thorough and helpful. The NHS Friends and Family test had also been used to gather patients' views. The results for example in August 2015 demonstrated that 27 patients were extremely likely to use the practice again and three were likely and in September 10 patients were extremely likely to use the practice again and one was likely. The majority had made additional positive comments about the dentists and staff. The comments echoed those in the CQC comment cards in that patients described how the practice staff were friendly and welcoming and many travelled some distance to remain a patient the practice.

Involvement in decisions about care and treatment

Patients commented they felt involved in their treatment and it was fully explained to them. Responses in the Care Quality Commission (CQC) comment cards and from patients we spoke with said that treatment was explained and communicated clearly to them. They said that results, examinations and treatment options were discussed with them. Patients said that they were given the time needed to consider their treatment options. The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available in information leaflets, and notices in the practice. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. We looked at a sample of patient records and saw that these included a brief summary of treatment explanations given to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice brochure and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice provided a service to NHS patients. Costs and fee information leaflets were available. Appointment times and availability met the needs of patients. Patients with emergencies such as those in pain were seen within 24 hours of contacting the practice, or sooner if possible. The practice's answering machine informed patients to contact the 111 service in the event they require urgent treatment when the practice was closed.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. Staff told us although they had no patients requiring the use of an interpreter they could access this service for patients whose first language was not English and who needed support to understand the treatment they needed. The practice did not have its own car park but parking was available via a local arrangement at a public house nearby. The premises had been a dental practice for more than 15 years and was housed in an older building above a parade of shops on the first floor, only accessible via stairs. The reception and waiting room and two treatment rooms were all on the same level. The practice was constrained by its location in considering the needs of patients who may have difficulty accessing services due to mobility or physical issues. There were no toilet facilities at the practice for patients. This was clearly advertised in the practice waiting room but not within the practice brochure.

Access to the service

Patients told us that they could access care and treatment in a timely way and the appointment system met their

needs. Staff told us that where treatment was urgent patients would be seen on the same day, where possible and within 24 hours or as soon as an emergency appointment could be identified. Appointments were available Monday to Thursday. Monday to Wednesday opening times were from 9am to 1pm and from 1.30pm to 5.30pm. On Thursdays the practice opened from 9am to 1pm and from 1.30pm to 4pm. Information in CQC comment cards and the practice's completed Friends and Family test results described a responsive service where patients found it easy to get appointments, particularly when requiring an emergency appointment. We looked more generally at appointments on the system and saw that the length of appointments varied according to the type of treatment being provided to meet patients' needs.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the concern. Staff we spoke with were aware of the procedure to follow if they received a complaint. The practice manager and records showed that there had been no complaints made within the last 12 months. Staff informed us that they received very few complaints and could not recall the date of the last complaint made. The practice had a readily available suggestions box and where able acted on any suggestions made. The practice staff said that should a complaint be received it would be reported and actioned promptly, resolved quickly following investigation and where able be to the patient's satisfaction. They said any learning derived from complaints would be appropriately shared with practice staff. The practice had received one comment in 2013 who gave a five star review on the NHS Choices website. There were no concerns or complaints raised in the 36 Care Quality Commission comment cards. There were two comments on whether refreshments such as coffee could be provided.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. There were arrangements for monitoring the quality of most processes within the practice. They had a well-defined management structure which all the staff were aware of and understood. All staff members had defined roles and some were involved in areas of clinical governance. There were a number of policies and procedures in place which underpinned staff practices. There was a process in place to ensure that all policies and procedures were kept up to date. The practice had systems in place for monitoring and managing risks to staff and patients. Risks associated with dental treatments including risks of infection control and unsafe or inappropriate treatments, premises and fire had been recognised and there were risk assessments in place to minimise and mitigate these risks. However, there was a lack of a robust general risk assessment in respect of the premises and the Control of Substances Hazardous to Health (COSHH) storage.

Staff told us that they held daily regular informal discussions and twice yearly whole practice meetings. These formal meetings were all minuted and provided the opportunity to discuss any issues, updates, training, health promotion and key governance issues. For example, we saw minutes from the June 2015 meeting where issues such as information governance, yearly audits and health and safety had been discussed. This facilitated an environment where improvement and continuous learning were supported.

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

Care and treatment records were kept electronically and we found them to be complete, legible accurate and kept secure. Patients' care records were stored electronically; password protected and regularly backed up to secure storage. The practice had policies and procedures and training which supported staff to maintain patient confidentiality and understand how patients could access

their records. The practice had an appointed Caldicott Guardian. A Caldicott Guardian is a person responsible for ensuring the safe keeping and appropriate use of information.

Leadership, openness and transparency

The staff group at the practice was small and on the day of the inspection we observed that the team worked together well and supported each other. They discussed any suggestions for improvements with the dentist who they felt were open to their advice and suggestions.

The culture of the practice encouraged candour, openness and honesty. Staff told us that they would approach the practice manager, general manager or dentists if they had any concerns. Staff said they were comfortable about raising concerns and felt they were listened to and responded to when they did so. They were aware that they could escalate concerns to external agencies, such as the Care Quality Commission (CQC), if necessary.

The staff we spoke with all told us they enjoyed their work, gained job satisfaction and that they had a good team of staff who supported each other. There was a system of staff appraisals to support staff in carrying out their roles effectively and safely. Staff were aware of their rights in respect of raising concerns about their place of work under whistleblowing legislation. We saw that the practice had a whistleblowing policy in place.

Learning and improvement

Staff told us they had good access to training and personal development. Staff were regularly supervised and had an annual appraisal of their performance from which learning and development needs and aspirations were identified and planned for. The practice audited areas of their practice each year as part of a system of continuous improvement and learning. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. The outcome and actions arising from audits were cascaded and discussed with staff to ensure any identified improvements were made.

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

The practice had records of the patients' views gathered from the NHS Friends and Family test. We reviewed the results to September 2015. These results demonstrated patients were more than satisfied with the care and

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treatment they received. The practice also carried out their own ongoing patient surveys feedback from patients was that they were happy with the treatment they received and confident about the quality of treatment.