

Dr. Shahrokh Marzbani

The Dental Health Centre

Inspection Report

30 Maldon Road

Witham

Essex

CM8 2AB

Tel: 01376 513107

Website: www.thewithamdentist.com

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Overall summary

We carried out an announced comprehensive inspection on 15 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

The Dental Health Centre offers NHS and private dental care services to patients of all ages. The services provided

include preventative advice and treatment and routine restorative and cosmetic dental care. The practice has waiting areas and treatment rooms on the ground floor and first floor.

The practice has five dentists, three whom work part time; they are supported by two dental hygiene therapists, dental nurses, receptionists and a practice manager. The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice is open on Mondays, Tuesdays & Thursdays between 8.30pm and 5pm with later opening on Wednesdays up to 6.45pm

We spoke with three patients who used the service on the day of inspection and reviewed 30 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service. Patients told us that they could get appointments that suited them, including same day appointments for urgent dental treatments. Patients commented very positively about all members of staff. They told us that dentists, dental nurses, receptionists

Summary of findings

and dental hygienists were always welcoming and helpful. They also reported that dentists and hygienists explained treatments in a way that they could understand, listened to them and were caring and kind.

Our key findings were:

- The practice investigated significant events and cascaded learning to staff. These events were logged, analysed or monitored to help improve safety.
- There were systems in place to reduce the risk and spread of infection. We found all treatment rooms and equipment appeared clean. Dental instruments were cleaned and sterilised in line with current guidance.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. The temperature of the fridge used to store medicines were recorded and monitored to ensure that medicines were stored at suitable temperatures.
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation. The practice was making use of the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had procedures for handling and responding to complaints and the practice was open and transparent with patients if a mistake had been made. The practice could be more proactive in dealing with and responding to negative feedback from patients.
- The practice was well-led and staff felt valued, involved and worked as a team. Staff meetings were not routinely held to help share information and learning.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services. The practice manager would benefit from protected time to focus on quality and governance areas as identified within the report.
- The practice sought feedback from staff and patients about the services they provided and acted on this to improve its services.

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. Safety information and significant events and other safety events were well managed. The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

There were arrangements in place to deal with medical emergencies and staff had annual training but would benefit from practice drills as recommended by the Resuscitation Council UK guidelines.

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

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff had access to a flow chart or other information to assist them when referring safeguarding concerns to external agencies.

There were procedures in place for recruiting new staff. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. Patient records were detailed and included details of risks of conditions such as mouth cancers and advice about alcohol and tobacco consumption. The practice were using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patients' oral and general health.

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

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

Health education for patients was provided by the dentist and dental hygienist. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

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

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

Summary of findings

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

Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen within 24 hours. They would see any patient in pain, extending their working day if necessary.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

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

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

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. The practice would benefit from staff meetings where discussions, information sharing and learning could be discussed. A range of clinical and non-clinical audits were taking place to monitor and improve services provided by the practice.

The Dental Health Centre

Detailed findings

Background to this inspection

This announced inspection was carried out on 15 July 2015 by an inspector from the Care Quality Commission (CQC) and a specialist advisor.

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.

Prior to the inspection we reviewed information we held about the provider. This included information from NHS England and notifications which we had received from members of the public.

During the inspection we viewed the premises, spoke with one dentist, three dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the registered provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of any complaints received in the last 12 months.

We obtained the views of 30 patients who had filled in CQC comment cards and we spoke with three patients who used the service on the day of our inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures for investigating significant events and other safety incidents. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager. Staff reported that there was no log maintained of significant events or other safety incidents. They told us that where incidents occurred such as needle stick injuries that impromptu meetings were held to discuss and share learning from the incident. A significant event log was introduced following our inspection.

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

The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available. Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and / or abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had undertaken safeguarding training to an appropriate level and those we spoke with were aware of the different types of abuse. Some staff when questioned were unsure as to who to report concerns to outside of the practice. They did however tell us that they

would refer to the practice policy where needed. Following our inspection staff were provided with a flow chart describing how to report concerns to external agencies where this was appropriate.

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

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice policies, procedures and risk assessments in place to reduce the likelihood of sharps injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. 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 policies and procedures which provided staff with clear guidance about how to deal with medical emergencies. Staff had undertaken basic life support training. However staff confirmed that they did not periodically practice lifesaving skills as recommended by the Resuscitation Council UK guidelines.

A range of emergency medicines including oxygen and an Automated External Defibrillator (AED) were available to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency medicines and equipment were

Are services safe?

stored securely with easy access for staff working in any of the treatment rooms. Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at files for six of the 18 staff employed and found that this process had not been consistently followed. We saw that checks including, proof of identity and security checks through the Disclosure and Barring Service were carried out. However employment references had not been sought or obtained and staff had not been interviewed in line with the practice policy for recruiting new staff. The dentist and practice manager told us that the majority of staff had worked at the practice for many years and assured us that all of the appropriate checks would be carried out for all newly recruited staff.

Checks were made to ensure that where appropriate staff were qualified and registered with the General Dental Council (GDC). Staff files included copies of current registration certificates and personal indemnity insurance. (Insurance, professionals are required to have in place to cover their working practice). We saw that staff had detailed job descriptions, which described their roles and responsibilities.

The practice manager told us that all new staff undertook a period of induction when they first commenced their employment. We checked staff files and found that this induction was not documented to demonstrate the length of time or the topics covered during the induction period. Induction helps the staff to familiarise themselves with the working environment, their roles and responsibilities and practice policies and procedures. A detailed induction process was introduced following our inspection visit.

Monitoring health & safety and responding to risks

The practice had robust arrangements in place to monitor health and safety and deal with foreseeable emergencies. These included procedures for identifying and managing risks associated with infection control, medicines, premises and equipment. The practice manager and principal dentist carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan identified staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. Copies of the plan were accessible to staff and kept in the practice and by the principal dentist.

Infection control

The practice had suitable policies and procedures to reduce the risk and spread of infection. Staff were aware of these procedures and had undertaken infection control training. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health - 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

All areas of the practice were visibly clean and tidy. Patients we spoke with and those who completed comment cards told us that the practice was always clean. There were cleaning schedules in place for cleaning the premises and equipment. Cleaning records were maintained and these were audited regularly to ensure that cleaning was effective.

Staff were provided with personal protective equipment such as gloves, face masks and eye protection in line with the practice policy. Records showed that all clinical staff underwent screening for Hepatitis B were vaccinated against it and had proof of immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. We spoke with staff about the importance of effective cleaning of uniforms to minimise the risks of cross infection. Some clinical staff confirmed that they did not launder clothing every day and some staff left the practice

Are services safe?

in clothing worn while carrying out dental treatments. The dentist and practice manager assured us that this would be stopped and that the practice policy would be discussed with staff and monitored.

Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean. At the time of our inspection dental instruments were cleaned manually as the washer disinfectant was not working. Staff demonstrated that they cleaned dental instruments thoroughly and checked them before they were sterilised in the autoclave.

The equipment used for sterilising dental instruments were maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests to demonstrate that they were in good working order and being effectively maintained.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacteria which can contaminate water systems in buildings). Flushing of the dental water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

Dental waste was segregated, stored and disposed of in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines. This helped to minimise the risks of needle stick injuries and the risks of blood borne infections to both patients and staff. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

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

The practice had an effective system in place regarding the prescribing, recording, dispensing, use and stock control of the medicines and materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. Medicines for routine dental treatment and emergency medicines were regularly checked to ensure that they were in date. All medicines we saw were within their within their expiry dates. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

Prescription pads were stored in the surgeries when in use and in a locked cabinet in the office. Prescriptions were stamped only at the point of issue to maintain their safe use. The dentist we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. The principal dentist confirmed that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary and visual checks were routinely carried out and recorded in line with the practice policy. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. These rules did include details of staff who were trained and responsible for radiography within the practice.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out

Are services safe?

X-ray procedures were not named in all documentation. Records showed that all relevant staff had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out at least every six months. This included assessing the quality of the X-ray and also

checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

We reviewed with the one of the dentists the information recorded in 10 patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were generally comprehensive and included details of the condition of the teeth, soft tissue lining the mouth and gums. Records did not always include records of risks or signs of mouth cancer. This was rectified following our inspection.

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

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

Records showed a diagnosis was discussed with the patient and treatment options explained. Patients were given a copy of their treatment plan, including any fees involved. Patients told us they always felt fully informed about their treatment and they were given time to consider

their options before giving their consent to treatment. The comments received on 30 CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

Two part time dental hygienists worked at the practice. They and the dentist provided patients with advice to improve and maintain good oral health. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken with were unaware of the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. The principal dentist told us that they would research and implement this into current practice. We were provided with evidence that this had been implemented shortly after our inspection.

The dental hygienists focused on treating gum disease and giving advice about the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. The registered provider was aware of the training their staff had completed even if this had been done in their own time.

Records showed staff were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration). Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support from a dental nurse.

Working with other services

Are services effective?

(for example, treatment is effective)

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

The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues. The hygienist explained how advanced periodontal cases were referred for specialist treatment. (Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them).

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to treatment and staff were aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option. Patients told us the dentists were good at explaining their treatment and answering

questions. We looked at a sample of 10 patient records and saw discussions about treatment and patients consent was recorded. Patients were provided with a written treatment plan for every treatment; this included information about the cost and time commitment of their treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment. The team had audited and improved their recording of verbal consent, when appropriate.

Staff spoken with on the day of the inspection had a limited understanding of the requirements of the Mental Capacity Act 2005. The dentists told us that this had been covered in the safeguarding training undertaken by staff but that it had not been discussed further. They also confirmed that they had not dealt with any situations where patients lacked capacity to make decisions about their dental treatments. Training around mental capacity was provided for staff following our inspection.

Patients told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our visit we spoke with three patients about their care and treatment; we also reviewed 30 comment cards. All patients comments were overwhelmingly positively about dentists, dental nurses, hygienists and reception staff. They described staff as professional, friendly, understanding and caring. Patients told us they felt listened to by all staff. Two patients we spoke with said that the dentists were particularly gentle and one said that they took into account their fears and anxieties.

We were told by the principal dentist that if they were concerned about a particular patient after receiving treatment, they would contact them at home later that day or the next day, to check on their welfare. From a review of records we saw that a number of patients had been contacted following their treatment to check on their wellbeing.

We observed reception staff interacting with patients before and after their treatment and speaking with patients on the telephone. Although we were able to hear appointment arrangements being made we did not hear

any personal information discussed during our observations in the waiting room. Reception staff were polite and friendly and the dentist greeted and escorted patients from the waiting area into the dental surgery.

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

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available in information leaflets, on notices in the practice and on the practice website.

Patients commented they felt involved in their treatment and it was fully explained to them. 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 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 provided patients with information about the services they offered in leaflets and on its website. The services provided include preventative advice and treatment, routine, cosmetic and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. A patient who we spoke with confirmed they had been given an emergency appointment that day. Staff told us each if a patient required an emergency appointment and all appointments were booked they would be offered the option to 'sit and wait' for an appointment.

The hygiene/therapist we spoke with told us the appointment system gave them sufficient time to meet patient needs and they could determine the length of the appointment times. Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

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

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice made adjustments to meet the needs of patients. The waiting areas and dental surgeries located on both the ground and first floor. There was step free access from street level into the surgery via a ramp for people using wheelchairs or with prams.

Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

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 between 8.30pm and 5pm on Mondays, Tuesdays & Thursdays with later opening on Wednesdays up to 6.45pm

Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services. Patients we spoke with and those who completed CQC comment cards said they had good access to routine and urgent dental care.

Concerns & complaints

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

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received one complaint within the last 12 months which had been responded to in accordance with its policy. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. It was evident from records seen that the practice had been open and transparent and where action was required it had been taken. However the practice did not demonstrate that they were proactive in acting on and responding to negative feedback from patients such as negative reviews and comments on the NHS Choices website. We reviewed a number of these reviews and these related to dissatisfaction with dental treatments. The practice manager assured us that these reviews would be monitored and responded to, offering patients the opportunity to meet and discuss concerns so that these could be resolved.

Are services well-led?

Our findings

Governance arrangements

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

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

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

There was a full range of policies and procedures in use at the practice and accessible to staff in paper files. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Care and treatment records were kept electronically and we found them to be complete, legible accurate and kept secure. The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records. These included confidentiality and information governance policies and record management guidance. Patients' care records were stored electronically, password protected and regularly backed up to secure storage.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They

reported the practice manager and dentists were very approachable and available for advice where needed. The dental nurses who we spoke with told us they had good support to carry out their individual roles within the practice.

The principal dentist and practice manager provided clearly defined leadership roles within the practice. Staff told us there were informal and monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments, to make suggestions and provide feedback to the practice manager and principal dentists. We looked at a sample of records from practice meetings. We saw that information was shared in an open and transparent way.

Management lead through learning and improvement

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

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

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The most recent patient survey in 2014 showed a high level of satisfaction with the quality of service provided. The practice gave patients the opportunity to complete the NHS friends and

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family test, which is a national programme to allow patients to provide feedback on the services provided. We looked at the results from the friends and family test. We saw that 100% of patients who participated were either extremely likely or likely to recommend the practice.

The practice reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

Staff we spoke with told us their views were sought informally and also formally during practice meetings and at their appraisals. They told us their views were listened to, ideas adopted and that they felt part of a team. The practice did not hold regular staff meetings where information, learning and improvements could be discussed and shared. Practice meetings were introduced following our inspection. Through discussion with the practice manager we found that they would benefit from some protected time to focus on management and governance within the practice.