

Dr. Ibrahim Hussain

Fountain Dental Cosmetic & Implant Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Fountain Dental Cosmetic & Implant Clinic – Doncaster, South Yorkshire offers private dental treatments including dental implants, endodontics, cosmetic dental treatment, and orthodontics clear Braces and conscious sedation.

The practice has two surgeries, a decontamination room, a waiting area, a reception area and patient toilets. All facilities are located on the ground floor of the premises. There are staff facilities on the first floor of the premises and a seminar room used for staff meetings and training.

There is a principal dentist, one associate dentist, a dental hygiene therapist, four dental nurses (one is the practice manager, one is the compliance manager and one is the lead nurse) and there is also a trainee dental nurse.

The opening hours are:

Monday: Closed

Tuesday: 9.00am - 7.30pm

Wednesday: 9.00am - 4.00pm

Summary of findings

Thursday: 8.30am - 4.30pm

Friday: 8.30am - 4.30pm

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. 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.

On the day of inspection we received six CQC comment cards providing feedback and spoke with eight patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be a caring, understanding, pleasant and positive. They also commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice appeared clean and hygienic.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- 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 patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice.

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

- Review the practice's infection control procedures and protocols taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance in relation to the use of bands and tape on dental instruments.
- Review the practice's recruitment policy and procedures giving due regard to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Review the practice's environmental risk assessments and ensure a fire risk assessment is undertaken and the necessary actions implemented.
- Review the practice's protocols for the use of closed circuit television cameras (CCTV) taking into account guidelines published by the Information Commissioner's Office (ICO).

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 effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

The decontamination procedures were effective but we found elastic bands and tape around instruments on the day of the inspection. The equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

We reviewed the Legionella risk assessment dated April 2016. There was evidence of regular water testing and noted this was in accordance with the assessment.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), British Orthodontic Society (BOS), Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) and British Society of Periodontology (BSP).

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

No action



Are services caring?

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

No action



Summary of findings

During the inspection we received six CQC comment cards providing feedback and spoke with eight patients. The patients were very positive about the care and treatment they received at the practice. Comments included that the staff were friendly, caring and professional. Patients also commented that they were involved in treatment options and all discussions including the associated costs were explained thoroughly.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. Any patients requesting an emergency appointment would be seen the same day. When the practice was closed the staff had a monthly rota system to hold the practice phone and triage any emergency care.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed. Any patients who had complicated procedures were given a direct contact number for one of the dentists so any questions or concerns could be discussed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice was fully accessible to all patients and reasonable adjustments had been made to the practice where possible. The practice had step free access at the front of the building for wheelchair users and pushchairs.

No action



Are services well-led?

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

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

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice conducted patient satisfaction surveys there was also a comments box in the waiting room for patients to make suggestions to the practice.

Staff were encouraged to share ideas and feedback. Staff did not have appraisals or personal development plans.

No action



Summary of findings

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues. The staff also had daily informal chats to ensure everyone could share and concerns.

Fountain Dental Cosmetic & Implant Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the principal dentist, three dental nurses, including the practice manager and

Compliance manager. We saw policies, procedures and other records relating to the management of the service. We received six CQC comment cards providing feedback and spoke with eight patients.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book and we were told no accidents had occurred in the last 12 months. The practice also recorded significant events when they occurred. Three had been reported over the past 12 months and addressed and reported appropriately.

The Compliance manager told us they did not have a system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), (The UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). The compliance manager registered with the MHRA service and evidence was seen on the day of the inspection to support this.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was an allocated lead for safeguarding and staff told us they would work as a team to resolve any concerns. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. (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. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured). They also used rubber dam in certain cases for the placement of white filling materials.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered provider or the practice manager.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in immediate life support and basic life support including the use of an Automated External Defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Staff recruitment

The practice had a recruitment policy in place, This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. This process had not been fully followed when employing new staff. For

Are services safe?

example, we reviewed the staff's recruitment files which showed no references were sought and not all staff had a contract in place. This was brought to the attention of the compliance manager.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks 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.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in July 2016.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were introduced a new risk assessment was put in place.

We noted that a fire risk assessment had not been completed for the premises. This was brought to the attention of the compliance manager to review. We saw the team checked the smoke alarms and were tested. The fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings.

Infection control

The practice had a decontamination room which was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

There was one sink and two bowls for decontamination work in the decontamination room and a hand wash sink. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included heavy duty gloves, aprons and protective eye wear.

We found that used dental instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, examined under illuminated magnification and sterilised in an autoclave (a device for sterilising dental and medical instruments). Sterilised instruments were correctly packaged, sealed, stored and dated with a use by date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes. We found some instruments were banded or had tape on them which meant the area underneath the band or tape couldn't be cleaned and decontaminated effectively. This was brought to the attention of the compliance manager and assurances were made these would be removed as soon as possible.

We saw files which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

We saw from staff records they had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of hand sanitiser in the decontamination area and surgeries had soap, paper towels and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

Are services safe?

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely.

The staff records we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that 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 acquiring blood borne infections. Members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

The practice had a Legionella risk assessment completed in July 2016. Hot and cold water temperature checks were in place. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) had been completed in July 2016.

We saw the fire extinguishers had been checked in June 2016 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The practice stored antibiotics and pain killers for patients, these were stored securely and a log was in place for them also.

Equipment used for the provision of inhalation sedation and intravenous sedation was stored, securely and checked weekly. (Sedation/Conscious sedation- a process in which a combination of medicines is used to help a patient to relax (a sedative) and to block pain (an anaesthetic) during a medical or dental procedure. The patient remains awake during the whole procedure).

The practice also ensured the inhalation sedation equipment had an annual service. The compliance manager was awaiting the most up to date certificate as the service had been completed the week before the inspection.

Radiography (X-rays)

The X-ray equipment was located in one surgery. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how each X-ray machine needed to be operated safely. The local rules were also displayed in the surgery. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The compliance manager showed us the last annual quality audit of the X-rays in May 2016. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.

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. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), British Orthodontic Society (BOS), Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) and the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentist told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw that patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in June 2016 whereby action plans were in place, this helps address any issues that arise and sets out learning outcomes more easily.

For orthodontic treatments they carried out a detailed assessment in line with recognised guidance from the British Orthodontic Society (BOS). This included an assessment of the patient's oral hygiene and diet. Patients were recalled at suitable intervals for reviews of the treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure the patient was complying with the post-orthodontic care (wearing retainers).

We saw the process involved in providing conscious sedation was in line with guidance set out in the document- Standards for Conscious Sedation in the

Provision of Dental Care 2015 published by the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). Patients were assessed for their suitability for conscious sedation at an initial consultation.

We were told that other forms of anxiety management were discussed with patients at the initial appointment, although this was not always recorded.

Prior to the induction of conscious sedation the patient's blood oxygen saturation, blood pressure and heart rate (base level observations) were checked to ensure they were medically suitable for conscious sedation. Throughout the procedure these vital signs were regularly checked and documented in a sedation record. We saw the dose of sedative medicines were titrated to effect to ensure the patient was not over-sedated. These doses were documented in the sedation records. We saw that a reversal agent to the sedative medicines was readily available if needed.

After the procedure the patient's escort would be suitably briefed with regards to post-operative care. Patients would be kept at the practice for however long they required after the procedure to ensure they were safe to discharge.

The practice provided dental implants. Patients underwent a thorough consultation prior to implant treatment and this included X-rays. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients' gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment.

The hygiene therapist provided preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is

Are services effective?

(for example, treatment is effective)

an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygiene therapist for a more detailed treatment plan and advice.

The practice had a selection of dental products on sale in the reception area and treatment co-ordinator pods to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in the dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice manager regularly held in house training sessions and also invited local practices and dental care professional to attend sessions. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they did not have formal annual appraisals although the compliance manager was looking to implement these this year. Staff also felt they could approach the practice manager or compliance manager at any time to discuss continuing training and development as the need arose. Staff told us they were actively encouraged to pursue further qualifications including sedation training, radiography and oral health promotion.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including oral surgery.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a process for urgent referrals for suspected malignancies and had very good working relationships with local hospitals

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. We saw within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. The practice also gave patients with complicated or detailed treatment requirements more time to consider and ask any questions about all options, risks and cost associated with their treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

Close Circuit Television (CCTV) cameras were in operation throughout the practice apart from clinical areas. During the inspection we found CCTV signage was in place to ensure patients were aware of this. The practice did not

have a policy, risk assessment or registration with the Information Commissioning Office (ICO); this was brought to the attention of the registered provider to review as soon as possible.

A television was available in the waiting room and there was also an open garden with a pond and water feature to help relax patients before their appointments.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. 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.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets in the waiting room. The practice's website provided patients with information about the range of treatments which were available at the practice including clear braces and sedation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs.

Staff told us that patients who requested an urgent appointment would be seen the same day. We were told patients were given sufficient time during their appointment so they would not feel rushed. For example, patients who were having conscious sedation would be given longer appointments to ensure the appropriate aftercare was provided. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website. The information leaflet included details of treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice. This included orthodontics, conscious sedation, dental implants, treatments for gum disease and crowns.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate all patients. Wheelchair users had access through the front door and a permanent ramp was available to provide access. Both of the surgeries were located on the ground floor and were large enough to accommodate a wheelchair or pushchair.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients. The practice also had access to online translation services for those whose first language was not English, information leaflets could be translated or enlarged if required.

Access to the service

The practice displayed its opening hours in the premises and on the practice website.

The opening hours were:

Monday: Closed

Tuesday: 9.00am - 7.30pm

Wednesday: 9.00am - 4.00pm

Thursday: 8.30am - 4.30pm

Friday: 8.30am - 4.30pm.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. The practice staff held the practice emergency phone on a monthly rota and triage patients for out of hours care appropriately. This information was available on the telephone answering machine.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting rooms and in the practice information leaflet.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

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. This included acknowledging the complaint within two working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

We were told the practice had received no complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice manager and compliance manager were responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy and an infection prevention and control policy. Staff were aware of their roles and responsibilities within the practice.

There was an effective management structure in place to ensure the responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings involving all staff members and also had daily informal morning meetings to ensure everyone had a role for the day and could raise any concerns if required. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the practice manager and compliance manager were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays, sedation and infection prevention and control.

We looked at the sedation audit which had been completed in line with the guidance provided by the Intercollegiate Advisory Committee for Sedation in Dentistry IACSD. The audit showed the practice was working within the recommended guidelines and were reviewing all of their sedation cases in more details now. Due to the audit the practice implemented a patient specific overview sheet to enable all information about the procedure to be easily accessible.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies, immediate life support and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

Staff did not have appraisals but the compliance manager was looking to implement these over the next few months.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out various patient satisfaction surveys and had a comment box in the waiting area. The satisfaction survey included questions about whether they were able to book an appointment easily, access to the practice, if the dentists communicated costs and answered any questions which they had.