Michael Betteridge LLP

# The Dentist@Tupsley

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 26 April 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**

The Dentist@Tupsley is situated in a residential area of Hereford in a small row of commercial premises. It provides private dental care for children and adults and at the time of our inspection the practice had been open for just under a year. The services provided included the option of treatment under conscious sedation and the practice made the expected arrangements to do this safely. Conscious sedation is the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary, while treatment is carried out. Similarly, suitable arrangements were in place for dental implants and other oral surgery which the practice also provided.

The practice has two dentists, three dental nurses and an apprentice dental nurse. The dental nurses also carry out some reception duties. The practice has an administrator who is responsible for the day to day organisation of the practice and reception. One of the dentists is the provider and the other 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 has one dental treatment room and a decontamination room for the cleaning, sterilising and packing of dental instruments. There is an additional room at the practice which the provider plans to equip as

# Summary of findings

a treatment room in due course as patient numbers increase. The reception and waiting areas, patient toilet, staff room and store rooms are also all on the ground floor.

The practice is open from 8am to 6pm on Mondays and Tuesdays, 11am to 7pm on Wednesdays and Thursdays and 9am to 3pm on Fridays. Appointments are available on Saturdays between 10am and 2pm by arrangement with the practice. The practice also provides 24 hour out-of-hours emergency cover.

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 20 completed cards. We also looked at reviews 12 patients gave the practice using social media. All the information we saw provided a consistently positive view of the service the practice provides. People were complimentary about the approach of the whole practice team and the quality of service they had received. Several commented on how sensitive the practice had been to their anxiety about receiving dental treatment.

**Our key findings were:**

- The practice had designed and decorated the building to create a welcoming atmosphere. Several patients commented on the pleasant environment.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness. The practice had systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had appropriate dental equipment and protocols to ensure they kept this well maintained and only purchased items that met recognised standards.
- Arrangements for the provision of treatment under conscious sedation and for oral surgery were in line with published guidance.
- Dental care records provided clear and detailed information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.
- The practice had developed governance processes to manage the practice effectively.
- The practice provided oral health education to 26 primary schools during 2015/16. The content was planned to fit with the topics being covered by children at school.

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

- Review whether there is a need to have a second oxygen cylinder as a back up.
- Review the practice's recruitment policy and procedures to provide clearer guidance about the information that needs to be obtained for each staff member in line with Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

# 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 took safety seriously and had systems for managing this. These included policies and procedures for important topics. These included infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and fire safety. Staff were aware of their responsibilities for safeguarding children and adults. Contact information for local safeguarding professionals and relevant policies and procedures were readily available for staff to refer to if needed. Arrangements for the provision of treatment under conscious sedation and for oral surgery were in line with published guidance.

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

The practice provided personalised dental care and treatment. The dental care records we looked at provided clear and detailed information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration. The practice had clear information available for staff about the importance of providing evidence based dentistry. Staff understood the importance of obtaining informed consent, including when treating patients who might lack capacity to make some decisions themselves.

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

We gathered patients' views from 20 completed Care Quality Commission comment cards and looked at comments 12 patients had sent the practice using social media sites. The information from these was complimentary about all members of the practice team. Patients with a fear of having dental treatment said the practice had helped reduce their anxiety. During the inspection we saw that staff were welcoming, helpful towards patients and treated them with respect.

**Are services responsive to people's needs?**
We found that this practice was providing responsive care in accordance with the relevant regulations.

All the patient feedback we looked at showed high levels of satisfaction with a service which met the needs of adults and children in a personalised way. The practice provided oral health education to 26 schools during 2015/16 and planned similar education work with pre-school children during 2016.

The practice was all at ground level apart from one step from the pavement outside; the practice had a portable ramp for any patients unable to negotiate this. The practice had arranged the internal space and furniture to meet the needs of any patients using wheelchairs. Patients could access treatment and urgent and emergency care when they needed as the practice operated their own 24 hour emergency access arrangements.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients; they had not received any complaints during their first year of being open.

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

# Summary of findings

The practice had only been open for 11 months and had paced their growth sensibly to ensure they could establish a well managed service for their patients. They had arrangements for managing and monitoring the quality of the service which included relevant policies, systems and processes which were available to all staff.

The practice team were positive about using learning and development to maintain and improve the quality of the service. There was an established and structured personal development and appraisal process for all staff and regular staff meetings had taken place.

# The Dentist@Tupsley

**Detailed findings**

## Background to this inspection

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

The inspection was carried out on 26 April 2016 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 the inspection we spoke with members of the practice team including the dentist who is the registered manager, dental nurses, and the head of administration.

We looked around the premises including the treatment and decontamination rooms. We viewed a range of policies and procedures and other documents and read the comments made by 20 patients on comment cards provided by CQC before the inspection. We also looked at 12 comments made about the practice by patients using social media sites.

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 did not have a significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events. They addressed this during the morning of the inspection and provided us with a copy of a clear policy covering all the relevant information. This included protocols for staff to follow and recording forms for them to use. Staff confirmed that in the 11 months since the practice had opened no adverse events would have needed recording as a significant event. There was an appropriate accident book and completed forms were filed so that confidentiality would be maintained. There had only been one accident at the practice and this was not related to patient care.

The practice subscribed to the government website to obtain immediate updates about alerts and recalls for medicines and medical devices. They also checked the government central alert system each week. The head of administration sent relevant alerts to the dentists and dental nurses who were expected to respond by email to acknowledge these.

The practice was aware of the legal requirement, the Duty of Candour, to tell patients when an adverse incident directly affected them and had a written policy for this.

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

We asked members of the practice team about child and adult safeguarding. They were aware of how to recognise potential concerns about the safety and well-being of children, young people and adults whose circumstances might make them vulnerable. Four key members of the practice team had completed suitable safeguarding training for their roles.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in Herefordshire. One of the dentists and the head of administration were joint safeguarding leads. The practice had a written chaperone policy regarding the presence of two staff during patients' treatment to ensure patients and clinicians were safeguarded at all times.

We confirmed that the dentists at the practice used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. This was firmly emphasised in the practice's infection prevention and control policy. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

The practice provided conscious sedation and we found that they were meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee – 'Conscious Sedation in the Provision of Dental Care. Report of an Expert Group on Sedation for Dentistry' commissioned by the Department of Health in 2003. Conscious sedation is the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary, while treatment is carried out.

### Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We saw evidence that staff had completed basic life support training and training in how to use the defibrillator.

The practice had the emergency medicines as 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 staff kept records of the emergency medicines and equipment to monitor that they were available, in date, and in working order.

The practice had an oxygen cylinder which was larger than the recommended minimum size and regularly checked to ensure it contained sufficient oxygen.

# Are services safe?

## Staff recruitment

We saw evidence that the practice had obtained Disclosure and Barring Service (DBS) checks for all staff in line with their recruitment policy. 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.

We looked at the recruitment records for all the staff currently employed at the practice and the practice's recruitment policy and procedure. There was written confirmation that most, but not all, of the expected formal checks had been carried out for all of the staff. The head of administration explained that the provider had detailed knowledge of the conduct of two of the staff because they had a long standing working and ongoing relationship in an NHS community dental service. The practice therefore had satisfactory evidence of conduct in previous health related employment for those staff. The registered manager and head of administration said they would enter a written record regarding this in the relevant staff files.

The practice had a detailed recruitment policy and procedure which showed that the practice took the recruitment of suitable staff seriously. This did not include some of the details set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The head of administration said they would review and update the policy.

The practice had evidence that the dentists and dental nurses were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date. The administrator planned to use the staff personal development and appraisal process to monitor this in the future.

## Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy and a practice risk log which had been reviewed after the practice had been operating for six months. These covered numerous general and dentistry related health and safety topics. This was supported by a detailed business continuity plan which took into account a wide range of events which could disrupt the normal running of the practice. This included clear arrangements for dealing with these situations. The provider, registered manager and head of administration had copies of this off site.

The practice had a fire risk assessment completed by an external fire safety consultant and staff kept records of the routine checks they made of the various fire safety precautions. Arrangements were in place with a specialist company for the maintenance and servicing of fire safety equipment.

The practice had detailed and well organised information about the control of substances hazardous to health (COSHH). We saw that expected building regulations, gas safety and electrical safety certificates were all available.

## Infection control

The practice team shared responsibility for general cleaning of the building which was visibly clean and tidy. They had a written cleaning schedule for all clinical areas and said they would add the non-clinical areas to this. Patients mentioned cleanliness in CQC comment cards were positive about this.

The practice had an infection prevention and control (IPC) policy and were about to complete their first IPC audit. They confirmed they would do this every six months in future using the Infection Prevention Society format. One of the dental nurses was the IPC lead for the practice.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that they met the HTM01- 05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in a separate decontamination room. The separation of clean and dirty areas in the decontamination room and in the treatment room was clear. The layout of the building provided direct access to the decontamination room from the treatment room which meant staff did not have to transport dirty instruments through other parts of the practice.

The dental nurse who showed us the decontamination process explained this clearly. The practice kept records of the expected processes and checks including those which confirmed that equipment was working correctly. We saw that instruments were packaged, dated and stored

appropriately and that the practice used single use instruments whenever possible. The practice used labels for dating instrument packs. These labels had a bar code which staff scanned into patients' notes at each appointment making specific packs of instruments traceable to each patient.

Dental impressions were appropriately stored and disinfected before and after going to dental laboratories. Sterile equipment for use in oral surgery procedures was stored separately from all other equipment and was packaged and date stamped. Suitable spillage kits were available to enable staff to deal with any loss of bodily fluids safely.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. Separate PPE was stored for dental implant work. There were sunglasses based on cartoon characters for children to wear to make this fun for them. The treatment room and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and paper towels. The practice used only latex free disposable gloves to avoid the risk to staff or patients who may have a latex allergy.

The practice had a Legionella risk assessment carried out by a specialist company in April 2015 before the practice opened. Legionella is a bacterium which can contaminate water systems in buildings. We saw that staff carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they also carried out regular flushing of the water lines in accordance with current guidelines. This was described in detail in the practice's IPC procedures.

The segregation and storage of dental waste reflected current guidelines from the Department of Health. The practice had a waste management policy and used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was not on display but staff were aware of what to do and knew where the procedure was kept. The practice had documented information about the immunisation status of each member of staff.

### Equipment and medicines

The practice had a written protocol regarding the selection and purchase of dental equipment to ensure only suitable equipment was used at the practice. The practice had maintenance arrangements for equipment to be maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor, X-ray equipment and portable electric appliances.

The practice kept a small supply of antibiotics to provide to patients. These were securely stored and the practice kept records to monitor the quantity in stock and the expiry dates. The practice printed private prescriptions specific to a patient when required and recorded these in patient records and in a log book.

The practice had a separate refrigerator for dental materials and we saw that they kept a record to monitor the temperature.

We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records. Records of medicines used were kept regarding all treatments provided under conscious sedation.

### Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that maintenance arrangements for the X-ray equipment were in place. We saw the required information to show that the practice had informed the Health and Safety Executive (HSE) of the X-ray equipment present in the building.

We saw the certificates confirming that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

# Are services safe?

The practice had records showing that the practice audited the technical quality grading of the X-rays taken. The dental care records we saw showed that X-rays were justified and graded and that the quality was recorded in patients' notes to help inform decisions about treatment.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The registered manager described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). This was supported by a comprehensive policy about evidence based dentistry. This contained detailed information about NICEguidance in dentistry. It also contained specific sections with protocols for the key topics of periodontal (gum) care, lower wisdom teeth removal, recall intervals and antibiotic prescribing.

We looked at seven examples of dental care records; these were suitably detailed and contained the expected information about patients' dental care. Patients were asked to complete an up to date medical history form when they first joined the practice and we saw that the dentist checked this at every appointment and recorded any changes. We noted staff asking patients to fill in a form during the time we were at the practice. We saw that dental care records contained comprehensive details of the dentists' assessments of patients' oral health including their risk of tooth decay, gum health, checks of soft tissue to monitor for mouth cancer and consent to treatment.

Clear post-operative advice was provided verbally and in writing for patients having oral surgery and/or conscious sedation. Conscious sedation is the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary, while treatment is carried out. The practice gave patients guidance about not driving after sedation and having someone to take them home. The dentist explained that they always booked sedation appointments to be long enough to provide recovery time in the dental chair for patients. Both dentists and an appropriately qualified dental nurse were present in the treatment room when patients were treated under sedation. Separate medical history forms were used and pre and post procedure checks of patients' blood pressure and levels of oxygen in the blood were recorded as were all checks of the patient's condition throughout their treatment. Specific written consent forms were used for all these procedures.

### Health promotion & prevention

The practice was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The registered manager had been a dental hygienist before going on to train as a dentist. Staff told us that because of this they had a particular interest in oral health in children and adults. Appointment lengths were tailored to provide time for an educational element to patient care such as oral health, stopping smoking and sensible alcohol consumption. A range of dental care products were available for patients to buy.

The practice provided oral health education to 26 primary schools during 2015/16. The content was planned to fit with the topics being covered by children at school. The practice provided an introductory letter and consent form for parents and gave children a 'goody bag' with a toothbrush and stickers and a card saying they had taken part. Staff told us that they used puppets and models to engage with children and said they had received some positive feedback from the schools and from some parents. They planned to do similar sessions with pre-school children at nurseries and playgroups during 2016.

The practice prescribed fluoride toothpaste for patients when they assessed a need for this and had provided fluoride applications for children.

### Staffing

The practice had introduced a structured process to ensure staff completed training needed to perform their roles competently and with confidence. Staff received three monthly performance and development reviews (PDRs) and annual appraisals. We confirmed that staff were supported to complete the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). The practice had evidence that all clinical staff held current GDC registration. Staff we spoke with confirmed they had completed safety related training such as basic life support and defibrillator training, fire safety and infection control. The practice had put in place a structured induction process for new staff.

The PDR records showed that individual training aims had been identified and discussed. For example, one of the dental nurses had identified that they wanted to complete additional training to enable them to assist with sedation and dental implant procedures. The head administrator confirmed this would be progressed during 2016.

# Are services effective?

## (for example, treatment is effective)

Both dentists had up to date and appropriate training for providing sedation as did the dental nurse who assisted at these procedures.

The practice planned staff annual leave to make sure sufficient dental nurses were available to work with the dentist at all times.

### Working with other services

The practice did not have a dental hygienist because the dentist who was the registered manager had previously been a dental hygienist and preferred to provide treatment for patients' gums themselves. The other dentist (the provider), specialised in oral surgery and provided dental implant treatment and other oral surgery at the practice. The practice referred patients to external professionals if they needed complex treatment the practice did not offer, such as orthodontic treatment and root canal treatment.

The practice referred patients for investigations in respect of suspected cancer in line with NHS guidelines.

The practice accepted referrals from other practices for patients requiring dental implants and other dental surgery such as some more complex extractions particularly when patients wished to have their treatment under sedation.

We saw that the practice logged and monitored all referrals to and from the practice including those for suspected oral cancer.

### Consent to care and treatment

The registered manager understood the importance of obtaining and recording consent and giving patients the information they needed to make informed decisions about their treatment.

The practice had a written consent policy and guidance for staff about the Mental Capacity Act (MCA) 2005.The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The registered manager understood the relevance of this legislation in dentistry. They were also aware of and understood the legal framework they must follow when considering whether young people under the age of 16 may be able to make their own decisions about care and treatment. This was referred to in the consent policy.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

We gathered patients' views from 20 completed Care Quality Commission comment cards and from 12 reviews made about the practice by patients using social media. All the information we saw provided a consistently positive view of the service the practice provides. People were complimentary about the approach of the whole practice team and the quality of service they had received. Several commented on how sensitive the practice had been to their anxiety about receiving dental treatment. Some patients had made detailed comments about their experience of the practice. Some described how comfortable and relaxed they and their families felt as patients there while others confirmed they had been treated with dignity and received a professional and efficient service. Most patients commented on how caring the staff were.

The waiting room was situated slightly away from the reception area. This helped ensure that patients had privacy when speaking with staff at reception. We saw that the reception computer screens were not visible to patients and that no personal information was left where another patient might see it. Staff confirmed that they would speak with patients in the treatment room if additional privacy was needed or requested.

The practice had a confidentiality policy based on GDC standards which all staff at the practice were expected to adhere to. The policy contained clear guidance to staff and emphasised that breaches of confidentiality would be treated as disciplinary matters.

### Involvement in decisions about care and treatment

Some patients whose feedback we looked at mentioned that the dentist explained their treatment to them clearly so they understood their treatment options. Some also mentioned having their questions answered carefully or having their X-rays shown to them on a display screen and explained. The dentist showed us that they also used dental education videos and a small camera designed for the purpose to show patients the inside of their mouths when explaining things to them. Staff explained that following a first appointment they gave patients information about the comparative costs of their treatment if they used the practice's payment plan or paid the practice direct for each treatment. The information was shown to patients in the treatment room using the display screens and they were often give copies to take home and consider before making a decision.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We gathered patients' views from 20 completed Care Quality Commission comment cards and from 12 reviews made about the practice by patients using social media. The information this provided reflected patients' satisfaction with a service which was responsive to the needs of adults and children. In particular patients with anxiety about dental treatment had found the practice sensitive to their needs.

The practice had designed and decorated the building to be welcoming and not to feel like a clinical environment when patients arrived. Several patients commented on the pleasant environment. The practice also took steps to be child friendly. There was a children's play table with washable toys and games and we saw notes on the computer system reminding staff to take school hours into account when booking appointments for parents as well as for their children.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy which was based on legislation including the Equality Act 2000. Recruitment procedures reflected equality and diversity legislation including legislation to protect the rights of part time workers.

Staff told us that they had very few patients who were not able to converse confidently in English and had not yet needed to use an interpreting service to assist with communication. They knew how to access one if needed. The practice did not have an induction hearing loop to assist patients who used hearing aids. Because the number of patients the practice saw had grown gradually staff said they knew people well; they were confident that none of their patients would benefit from this. However, they agreed that they would review this with each patient as they came for appointments to establish whether there was a need. Although they did not currently have any patients who used British Sign Language (BSL) the dentist had completed a BSL course.

The practice was all at ground level apart from one step from the pavement outside; the practice had a portable ramp for any patients unable to negotiate this. The practice had arranged the internal space and furniture to meet the needs of any patients using wheelchairs. There was a toilet for patient use which was fully equipped for patients with physical disabilities. This included grab rails, a low level wash hand basin and an emergency call system. The room was large enough for patients using wheelchairs and had an outward opening door and safety lock.

### Access to the service

Patients who commented on this were positive about their experience of making routine and urgent appointments.

The practice was open from 8am to 6pm on Mondays and Tuesdays, 11am to 7pm on Wednesdays and Thursdays and 9am to 3pm on Fridays. Appointments were available on Saturdays between 10am and 2pm by arrangement with the practice.

The practice operated their own 24 hour emergency access arrangements to provide treatment to their patients outside usual opening hours. Emergency appointments were also kept free for an hour each day so patients with pain or other urgent dental needs could be seen the same day. The on call telephone number was provided on the practice's answerphone message. It was also given to any patient seen for pain or for more complex treatment in case they needed help or guidance after the practice closed for the day.

There was information for patients in the waiting room. This included details of private charges and details of a dental payment scheme available to patients.

We looked at the appointment booking system and saw that the length of each patient's appointments varied. Staff explained this was based on each patient's individual treatment plan which they were able to view on the computer system when making each appointment.

### Concerns & complaints

The practice had a complaints policy and procedure and a copy of this was displayed at the desk in reception. The information was not yet on the practice website but they planned to add this shortly as part of planned developments to the site. The information explained who to contact if patients had concerns and how the practice would deal with their complaint. Details of how they could complain to the Dental Complaints Service, which deals with complaints about private dental care, and the GDC, were included.

# Are services responsive to people's needs?

## (for example, to feedback?)

The practice had not yet received any complaints. They told us that by increasing the number of patients gradually they had been able to provide an individualised service which had reduced the potential for problems. This perception was supported by the positive feedback we saw from patients.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was registered in May 2015 and was still in the process of developing as a business. They had taken a cautious approach to increasing the numbers of patients so that they could manage this in a positive way and not grow too large in a short space of time. The provider and registered manager had appointed a Head of Administration to be responsible for the day to day management of the practice.

We saw that the Head of Administration and the registered manager had established a comprehensive range of detailed policies and procedures to provide the basis for effective management. These included a specific clinical governance policy as well as numerous other policies including confidentiality, security of patient information and health and safety. The policies had been compiled using relevant national guidance from organisations including the General Dental Council (GDC), British Dental Association (BDA) and the Care Quality Commission (CQC). Each policy was dated and included original and review dates to maintain version control.

Quarterly staff meetings had taken place and typed notes of these were available as a record of discussions and decisions at each meeting. These showed that a wide range of topics were covered each month.

The practice was about to carry out their first cycle of audits to review and reflect on the quality of the service they provided. They had already completed two audits in respect of radiography (X-rays).

### Leadership, openness and transparency

The practice team was small and able to communicate face to face throughout each day. Staff were positive about working at the practice and during the day we saw that the registered manager, head of administration and the dental nurses were relaxed with each other. The practice had a bullying and harassment policy to inform staff what they could do if they had concerns about how they were treated. This was based on established principles for equality, diversity and human rights.

Members of the team had delegated roles to share responsibilities and leadership for specific topics including, infection prevention and control, radiation safety, risk assessments and safety related training.

### Management lead through learning and improvement

The practice had been open for 11 months and had established training and development as an important element of building an effective staff team. Staff had received personal learning and development sessions within three months of starting work at the practice and these were ongoing. These followed a structured format based on SMART principles (specific, measurable, achievable, realistic and time scaled). Each member of staff had a training and development plan and had already completed various relevant training.

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

The practice had a comments box but told us that no one had used this yet. We saw patient survey forms had been put in the waiting area and the head of administration told us they were intending to encourage patients to fill these in to mark the first year of the practice being open. They explained that they had suggested patients fill in the CQC comment cards rather than the practice forms since learning the inspection date. A number of patients had already provided feedback to the practice using social media sites. All of the feedback available was positive and did not include any suggestions for how the practice could improve.

The practice had wooden hand carved benches made by a local craftsman for the waiting area because they wanted unique furniture. The head of administration told us that soon after they opened a married couple commented that the seats, while attractive were hard to sit on while they waited for each other. In response the practice had a padded seat cushion made. Another patient had told them that they liked the idea of having scented products in the toilet and waiting area to contribute to the pleasant environment but didn't like the actual fragrance; the practice therefore changed these.

Staff we spoke with felt they part of the team and were positive about the progress the practice was making. We

# Are services well-led?

saw that the practice had held staff meetings every three months and that written notes were recorded so that staff could refer back to these or read them if they were not at the meeting.