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SimplyTeeth - Stanford le Hope

Inspection Report

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Ratings

Overall rating for this service

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

We carried out an announced comprehensive inspection on 26 November 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?

Summary of findings

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

Simply Teeth – Stanford Le Hope provides NHS and some private dental services to patients of all ages. The practice is located in a residential area in Corringham, Stanford Le Hope in Essex. The premises are situated on the ground floor of a residential style building. The services provided include preventative advice and treatment and routine restorative dental care.

The practice is managed by one dentist who is supported by two associate dentists, three dental nurses, two 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 to Fridays from 8am to 6pm and appointments are available between 9am and 5pm.

We spoke with two 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 told us that they were very happy with the care they received from the practice. Patients told us that staff were very professional and helpful. They said that they could get appointments at times that suited them, including same day appointments for urgent dental treatments. They told us that dentists, dental nurses and receptionists were always polite and caring and that they supported nervous and anxious patients. Patients said that the dentists explained treatments in a way that they could understand, listened to them and answered any questions they had about their care and treatment. A number of patients who completed comment cards said that they had recommended the dental practice to their friends and families.

Our key findings were:

- The practice investigated significant and safety events and cascaded learning to staff. These events were analysed and monitored to help improve patient 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. Infection control audits were carried out to test the effectiveness of cleaning and infection control practices.
- There were systems in place to ensure that all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedures in place and staff were aware of these and their responsibilities to report any concerns.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation including National Institute for Health and Care Excellence (NICE).
- The practice ensured staff were trained and that they 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 medical 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 a procedure for handling and responding to complaints. However this procedure was not displayed or made available to patients and those we spoke with confirmed that they were not aware of the complaints process at the practice. The principal dentist told us that no complaints had been received about the service within the previous two

Summary of findings

years. Following our inspection they introduced a patient leaflet which described how patients may raise concerns and how these would be dealt with and responded to.

- The practice was well-led and staff felt valued, involved and worked as a team. Staff meetings were routinely held to help share information and learning. Both dentist partners were very 'hands on' and carried out regular audits and took lead roles in the management and day to day running of the practice.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice. Clinical and non-clinical audits were carried out to monitor the quality of services.
- 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. There were procedures in place to monitor safety. 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.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. The practice manager was the designated safeguarding lead and oversaw the procedures in place. Staff were trained to recognise and report concerns about patient's safety and welfare and had access to contact details for the local safeguarding team. Staff we spoke with were aware of their responsibilities to keep people safe.

There were arrangements in place to deal with medical emergencies and staff had annual training

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.

There were procedures in place for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Risks to the health and safety of patients and staff were managed through assessments and reviews. There were arrangements to protect people against the risk of fire, legionella and risks associated with premises and untoward incidents.

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 include details of risks of conditions such as mouth cancers and advice about alcohol and tobacco consumption. The practice was 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 patient's oral and general health.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent. Patients consent was obtained and recorded within their records for each dental procedure performed.

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 dentists and a dental hygienist. Information leaflets were available within the practice waiting area. 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.

Summary of findings

Are services caring?

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

Patients told us that they were very happy with the level of service that they received. They told us that dentists and other staff were caring, compassionate and that the staff treated them well.

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 a good awareness of 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 where possible on the same day or within 24 hours. They would see any patient in pain, extending their working day if necessary.

A practice leaflet was available in reception and a copy was given to all new patients when they registered at the practice. This described the services provided, contact details and how patients could raise concerns or make comments about the services they received. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Step free access to the practice was available via a ramp and there were disabled access toilet facilities.

The practice had a procedure in place for dealing with complaints and this was easily accessible within the patient waiting area. The practice manager told us that there had been no complaints made within the previous 12 months. A comments and suggestion box was available in the patient waiting area. We reviewed comments and these were all positive in relation to patient's experiences of using the dental practice.

Are services well-led?

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

Staff felt supported and they told us that they were encouraged 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. Staff met regularly to discuss any issues relating to the day to day management of the practice.

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.

Patients' views were regularly sought by way of the Friends and Family Test and these were acted upon as required. An analysis of these results showed that 100% of patients who participated indicated that they were either extremely likely or likely to recommend the practice to family or friends.

SimplyTeeth - Stanford le Hope

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.

This announced inspection was carried out on 26 November 2015 by an inspector from the Care Quality Commission (CQC).

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.

During the inspection we viewed the premises, spoke with each of the three dentists, dental nurses and the receptionist. 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 provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives.

We obtained the views of 30 patients who had completed CQC comment cards and we spoke with two 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. Where safety or other significant events occurred these were discussed at staff meetings and actions to minimise recurrence were implemented. We reviewed the staff accident book. Any accidents relating to staff or patients such as needle stick injuries were recorded appropriately and learning shared with the practice team.

The practice manager told us that safety information was shared with staff. They told us that they received regular updates from the British Dental Association and that these were shared with staff.

The dentists and staff spoken with had a clear understanding of their responsibilities in relation to the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available. Staff we spoke with was aware of these reporting systems. No incidents had been reported in the last twelve months.

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. Dentists, dental nurses and receptionists who we spoke with were aware of the different types of abuse and how to report concerns to the dentist or external agencies such as the local safeguarding team or the police as appropriate. Staff had access to 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 and these were reviewed at each appointment. The dentists were aware of any health or medicine 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. We saw that latex free rubber dams were routinely used in root canal treatment. A rubber dam is a thin, rectangular rubber sheet, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. This is particularly important when using chemicals in root canal treatments.

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 and could describe how they would act in the event of a patients experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency medicines including Midazolam (for use in the treatment of epileptic seizures), Adrenaline (used to treat anaphylaxis) and oxygen were available. An Automated External Defibrillator (AED) was also 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 stored securely with easy access for staff working in any of the treatment rooms. Records showed monthly checks were carried out to ensure the emergency medicines were in date and safe to use. Medicines we saw were within their

expiry date. Records maintained did not include details to show that oxygen and the AED was checked. The practice manager told us that these checks were carried out and would be recorded in the future.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at the files of three members of staff who had been employed within the previous 12 months. We found that this process had been consistently followed. We saw that all of the required checks including, proof of identity, security checks through the Disclosure and Barring Service and employment references had been sought and obtained.

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.

Records showed that all new staff undertook a period of induction when they first commenced their employment. We checked staff files and found that the induction process was robust and specific to each person's roles and responsibilities.

Monitoring health & safety and responding to risks

The practice had 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 had 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. This included any chemical which could cause harm if accidentally spilt, swallowed, or came into contact with the skin. For example cleaning materials and chemicals used within the dentistry processes. 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 detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan was not totally bespoke to the practice and did not identify staff roles and responsibilities in the event of such an occurrence. The practice manager told us that they were in the process of reviewing policies and procedures and that this would be updated. The plan contained contact details for key people and agencies. The plan identified the measures that would be implemented in the event that the practice experienced a loss of power, access to premises or the computerised system.

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. Dentists, dental nurses and reception staff we spoke with were able to demonstrate that were aware of and adhered to these procedures. There were specific procedures to ensure that reusable dental instruments were cleaned and sterilised in line with the guidance known as the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

Decontamination of dental instruments was carried out in a separate decontamination room. The decontamination room was small but well set out with well-defined system of zoning from dirty to clean. The room was not large enough to accommodate a separate handwashing sink and hand sanitiser gels were available for staff. The practice manager told us that there were future plans to extend the premises and provide a larger decontamination area.

A dental nurse demonstrated to us the process for cleaning and sterilising used dental instruments; 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 was thorough. The practice did not have a working washer disinfector. Staff demonstrated that they

manually cleaned dental instruments thoroughly and checked them before they were sterilised in a non-vacuum autoclave This type of autoclave was designed to sterilise unwrapped instruments. At the end of the sterilising procedure the instruments were dried on racks, packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health HTM-01-05.

The equipment used for sterilising dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

All areas of the practice were visibly clean and tidy and there were suitable arrangements in place, in line with the Department of Health guidelines for the segregation and disposal of dental waste. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

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 and cleaning records were maintained. Regular infection prevention and control audits were carried out to ensure that cleaning and infection control practices were effective.

Staff were provided with personal protective equipment such as gloves, face masks and eye protection in line with the practice policy. 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. There was a procedure in place for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated 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 observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infection.

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 water lines was carried out in accordance with current guidelines and supported by a practice protocol. An external contractor had carried out a Legionella risk assessment in 2015 and actions identified had been completed. These assessments help to ensure that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

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 management 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 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.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed showed 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 included details of staff that 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 X-ray procedures were clearly named in all documentation and records showed they 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 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. This was documented and also discussed with the patient.

We reviewed the information recorded in four patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth and gums. Records included risks or signs of mouth cancer. 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 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. These were signed electronically by the patient and stored within their records. Patients spoken with 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

The practice dentists and dental hygienist provided patients with advice to improve and maintain good oral health. Patient records we viewed demonstrated that they were provided with advice about maintaining good oral and dental health including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. Dentists and dental nurses we spoke with were aware of and 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 patient's oral and general health.

The dental team provided 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. We saw that dental nurses had been supported and trained to meet the registration requirements of the General Dental Council (GDC). Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. Regular training sessions and on-line training was available to all staff according to their roles and responsibilities.

The practice had a system for appraising staff performance. The records showed that appraisals had taken place. Records in respect of the appraisal were detailed and identified training and development needs for staff. Staff told us that they all worked well as a team and they felt supported and they were encouraged to develop their skills and to keep up to date with the requirements of their professional registrations.

Records showed staff were up to date with their continuing professional development (CPD). (All people registered with

Are services effective?

(for example, treatment is effective)

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

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. Patient records we viewed showed that appropriate information was provided when patients were referred to other services and that information received following treatments provided was reviewed and acted on where required.

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 benefits of each option. Patients told us the dentists were good at explaining their treatment and answering questions. We looked at a sample of four patient records and saw discussions about treatment and patients consent were consistently recorded.

Staff spoken with on the day of the inspection had a good understanding of the requirements of the Mental Capacity Act 2005 and parental responsibilities. 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 two patients about their care and treatment; we also reviewed 30 comment cards. All patients commented positively about the dental practice and staff. They described staff as kind and professional. Patients said that dentists listened to them and answered any questions about their dental care and treatment. They said that dentists and dental nurses were patient and understanding, particularly when treating children and nervous or anxious patients.

We reviewed the results of the NHS Friends and Family Test, which the practice participated in and submitted the results each month to the local CCG. We reviewed the results for the period between April and November 2015 and found that 100% of patients who responded said that they would be extremely likely or likely to recommend the dental practice to their family and friends. A number of these patients commented positively about how they were treated by staff.

We observed the receptionist interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Patient 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 during consultations, in information leaflets and on notices displayed throughout the patient waiting area.

Patients commented they felt involved in their treatment and it was fully explained to them. We looked at a sample of patient records and saw that these included a summary of treatment and explanations given to patients including the range of treatment options available

Staff we spoke with had a clear understanding of the Mental Capacity Act (MCA) 2005 and their responsibilities when providing care and treatment to patients who did not have capacity to make decisions. This legislation helps to ensure that where people lack capacity to make decisions that any made on their behalf are done so in their best interests.

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 their website. The services provided included 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 on the day and a number of patients who completed comment cards confirmed this.

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. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. A number of patients who completed comment cards confirmed this. 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.

The practice was located on the ground floor in a residential building. The practice had made reasonable adjustments to support patients with limited mobility and parents with prams and pushchairs to access the facilities. Step free access was available at the rear of the practice.

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. This was reflected in the positive comments on the NHS Choices website, the practice patient survey and the results of the NHS Friends and Family Test. 100% of patients who completed the Friends and Family Test said that indicated that they would be extremely likely or likely to recommend the practice to friends and family. Staff told us that where treatment was urgent patients would be seen on the same day. The practice had a policy where patients in need of urgent dental appointments were seen by a dentist on the same day wherever this was possible.

Appointments were available between 9am and 1pm, 2pm and 6pm on Mondays, Tuesdays and Wednesdays. The practice closed at 5pm on Thursdays and Fridays. Appointments were available between 9am and 1pm on Saturdays for private patients. Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services

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 manager told us that they had received no written complaints within the last 12 months. We saw that informal and verbal complaints were acted on and responded to appropriately. Patients who completed comment cards expressed a high degree of satisfaction with the service, care and treatment that they received.

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. The practice had 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 risk had been assessed 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 infection control procedures, record keeping 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. These included health and safety, infection prevention and control and patient confidentiality. Staff were able to demonstrate many of the policies through their actions, and this indicated they had read and understood them. We reviewed a random sample of policies and procedures and found them to be in date and subject to regular review.

Care and treatment records which we viewed were complete, legible, accurate and kept secure. The practice had policies and procedures to support staff to maintain patient confidentiality and understand how patients could access their records. These included confidentiality and information governance policies and record management guidance.

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 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.

Information was discussed and shared within the practice. Staff told us this helped them keep up to date with new developments, to make suggestions and provide feedback to the 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 and were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff told us that the practice manager was supportive and assisted staff in accessing relevant training.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of infection control, patient records and consent. The audits included the outcome and actions arising from them to ensure improvements were made.

We saw that learning from when things went wrong was widely shared with staff, discussed at practice meetings and that action was taken to minimise recurrences of any untoward incidents.

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 practice gave patients the opportunity to complete the NHS Friends and Family Test, which is a national programme to allow patients to provide feedback on the services provided. We looked at the results from this survey which was completed between April and November 2015. We saw that 100% of patients who participated were either extremely likely or likely to recommend the practice.

Staff we spoke with told us their views were sought informally and also formally during practice meetings and at their appraisals. We saw that staff were invited to complete surveys as part of their appraisal and the results

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from these were reviewed and acted upon where appropriate to make improvements to the service. They told us their views were listened to, ideas adopted and that they felt part of a team.