Mr. Timothy Webber

Park Dental Care

Inspection Report

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Date of inspection visit: 5 August 2015
Date of publication: 15/10/2015

Overall summary

We carried out an announced comprehensive inspection on 5 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Park Dental Care is located close to the centre of Nottingham. There are good public transport links with car parking at the Broadmarsh shopping centre and nearby street parking. The bus station is also a short walk away.

The practice provides private dental services and treats both adults and children. There are three dentists, two dental therapists and three dental nurses plus one trainee dental nurse. In addition the practice has an office manager and a clinical manager (who is also a dental nurse) and a receptionist to provide support to the dental team.

The practice opening hours are: Monday: 10:30 am to 8:00 pm; Tuesday 8:30 am to 4:00 pm; Wednesday 8:30 am to 7:00 pm; Thursday 8:30 am to 6:00 pm Friday 8:30 am to 4:00 pm and Saturday 8:30 am to 1:00 pm.

We viewed 27 Care Quality Commission (CQC) comment cards that had been completed by patients, about the services provided. All 27 comment cards had wholly positive comments about the practice and several made particular reference to the staff. Ten comment cards talked about safety, and feeling safe. Five cards described Park Dental Care as the best dental care the patients had ever received. In addition we spoke with four patients who again provided positive feedback about the practice. Comments particularly focussed on the professionalism of the staff, and how well cared for patients felt.

Summary of findings

The principal dentist operates a satellite clinic which provides an orthodontic service from Dovebank which is located in Ashbourne, Derbyshire. Patients are self-referred and seen under private contract. The dentist provides this service at the Dovebank practice outside normal office hours for patients' convenience. The Dovebank practice is located on the ground floor with level access.

We did not inspect the satellite clinic at Dovebank practice as part of this inspection.

Our key findings were:

- The practice had a system for recording and analysing significant events and complaints and sharing learning with staff.
- Staff had received safeguarding and whistle blowing training and knew the procedures to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet patients' needs.
- Staff had been trained to handle emergencies and appropriate equipment and medicines were readily available.
- Infection control procedures were in place and the practice mostly followed national guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, options 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 worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.

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

- Review the practice's infection control procedures and protocols giving due regard to 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'

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 was not completing and documenting six monthly audits of their decontamination processes as identified in national guidance.

The practice had procedures in place to investigate and respond to significant events and complaints. There was a separate system to record details of accidents. The practice could demonstrate that staff had learnt from all of these.

The practice had a safeguarding vulnerable adults and children policy and procedures. Staff demonstrated an awareness of the signs of abuse and knew their duty to report any concerns about abuse.

Dentists were using latex free rubber dams when carrying out root canal treatments in line with guidance from the British Endodontic Society.

The practice had a whistle blowing policy for staff to raise concerns in confidence. Staff knew the procedure for whistleblowing and who they could speak with about any concerns.

The practice had procedures and equipment for dealing with medical emergencies. There was an emergency medical kit available including emergency medicines, oxygen and an automated external defibrillator (AED) as recommended by the UK resuscitation council.

Staff recruitment procedures were robust, and the necessary checks had been completed for staff working at the practice.

The practice mostly followed national guidance from the Department of Health in respect of infection control. There were the necessary procedures and equipment available for effective infection control.

The practice was unable to demonstrate that six monthly audits of infection control procedures had taken place as recommended in relevant guidance.

X-rays were carried out in line with the Ionising Radiation Regulations 1999 (IRR 99).

Are services effective?

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

Patients were assessed at the start of each consultation to update their medical history. The results of assessments were discussed with patients and treatment options and costs were explained. Patients said they were involved in those discussions.

Dentists were aware of National Institute for Health and Care Excellence (NICE) guidelines particularly in respect of recalls of patients and anti-biotic prescribing.

Advice was given to patients on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health.

There were enough suitably qualified and experienced staff to meet patients' needs. Staff were encouraged to update their training, and maintain their continuing professional development (CPD).

Referrals were made to other services in a timely manner when further treatment or treatment outside the scope of the practice was required.

Summary of findings

Staff were aware of the Mental Capacity Act (MCA) 2005, and consent was carried out in line with relevant legislation including the MCA.

Are services caring?

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

Comments from patients at the practice were positive about the care and treatment they received. Patient's confidentiality was maintained at all times. Staff treated patients with privacy, dignity and respect.

Patient records, both paper and electronic were held securely either under lock and key or password protected on the computer.

Are services responsive to people's needs?

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

The practice provided patients with information about the services they offered on their website and in the practice. The appointment system responded to patients' routine needs and when they required urgent treatment.

Longer appointment times were available for patients who required extra time or support.

The practice building was suitable for those who had impaired mobility. This included level access, a downstairs toilet which was accessible to people with restricted mobility.

The practice opening times included late evening surgeries and Saturday mornings to meet the needs of patients who worked or were in full time education.

There was a complaints policy and procedure, and patients' complaints were responded to in a timely manner. Learning from complaints was shared with the staff team.

Are services well-led?

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

The principal dentist took an active lead in the day to day running of the practice. The practice had arrangements in place for monitoring and improving the services provided for patients. There were robust governance arrangements in place.

The practice had an open and honest culture. Staff told us that they could speak with the principal dentist if they had any concerns. We were told that there was a focus at the practice of delivering high quality care.

The practice's philosophy put the patient first, and they were at the heart of everything the practice did. We saw that dentists reviewed their clinical practice and introduced changes to make improvements.

The comments in the 27 Care Quality Commission (CQC) comment cards we received and the four patients we spoke with said that they were happy with the care and treatment they received.

Patients could give feedback at any time they visited.

Park Dental Care

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 5 August 2015. The inspection took place over one day. The inspection team consisted of two CQC inspectors and dentist specialist advisor.

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

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

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

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with one dentists, one hygiene therapist and two dental nurses. We reviewed policies, procedures and other documents. We reviewed 27 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. We also spoke with four patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. We saw evidence that where patients had complained they had been given an apology. Two complaints that had been received and closed showed that the issues had been discussed at full team meetings and lessons learnt from the complaints had been shared.

The system for managing incidents provided a framework for reporting and learning from incidents. There was a separate system to record details of accidents. In addition there was a system for reporting Injuries under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. Staff we spoke with was aware of these reporting systems. No incidents had been reported in the last twelve months.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These alerts identify any problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry. Alerts came to a named individual at the practice and were shared with the staff team when appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding vulnerable adults and children policy and procedures. The staff members we spoke with demonstrated an awareness of the signs of abuse and their duty to report any concerns about abuse. There was an identified lead for safeguarding in the practice who had received enhanced training in child protection to support them in fulfilling that role. The safeguarding contact details for the local authority were available.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist explained that these instruments were single use only. They also explained that root canal treatment was carried out using a latex free rubber dam. (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). Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The practice had a whistle blowing policy for staff to raise concerns in confidence. Staff told us that they felt confident that they could raise concerns and knew the procedure for whistleblowing and who they could speak with about those concerns.

The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH). 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. Each type of substance that had a potential risk was recorded and rated as to the risk to staff and patients. Measures were clearly identified to reduce such risks. These included the use of personal protective equipment for staff (gloves, aprons, masks and visors to protect the eyes) and patients. Hazardous materials were stored safely and securely. The practice kept data sheets from the manufacturers to inform staff what action to take in the event of a spillage, accidental swallowing or contact with the skin.

Medical emergencies

The practice had procedures in place for dealing with medical emergencies. Training records showed all staff had received basic life support training including the use of the 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 had a first aid kit available within the practice, and two members of staff were designated first aiders – having completed appropriate first aid training.

When asked staff were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator (AED) and oxygen were available if required. This was in line with the Resuscitation Council UK guidelines. We checked the emergency medicines and found that they were as recommended in the British National Formulary (BNF)

guidance. and all medicines were in date. We saw records which demonstrated that staff checked medicines and equipment to monitor stock levels, expiry dates and to make sure that equipment was in working order.

Staff recruitment

We reviewed the personnel files for five members of staff. The practice had a recruitment policy for the employment of new staff. This identified the checks that should be undertaken during recruitment. They included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service (DBS) check was necessary. DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The required information was available in all five staff files we reviewed.

The practice had an induction system for new staff. We reviewed the induction documentation for the newest member of staff and saw that the documentation was complete and detailed.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff would cover for their colleagues.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with potential emergencies. There was a health and safety policy to guide staff. The practice had a fire risk assessment that identified fire risks. Fire extinguishers were also serviced annually, fire alarms checked regularly and fire drills were held at regular intervals and recorded.

The practice had policies and procedures for dealing with health and safety. These included environmental risk assessments, and checks of equipment and the premises. The risks to staff and patients had been identified and measures had been put in place to reduce those risks.

The policies included infection control and a legionella risk assessment. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

Infection control

The practice had an infection control policy, which was scheduled for regular review. The policy identified cleaning schedules at the practice including the treatment rooms and the general areas of the practice. The clinical manager told us that the practice employed an environmental cleaner but dental nurses had set cleaning responsibilities in each treatment room.

The practice had systems for testing and auditing the infection control procedures. We saw records of an infection control audit that had been completed in 2013. The practice scored 99% on this audit. The clinical manager said that another audit had been completed more recently, but documentation for this infection control audit was not available. The Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.**' -** Quality assurance system and audit 2.21 states: "At a minimum, practices should audit their decontamination practices every six months, with an appropriate review dependent on audit outcomes." The practice was unable to demonstrate that six monthly audits of decontamination processes had been completed.

We found that there was an adequate supply of liquid soaps and hand towels throughout the practice. Sharps bins were signed and dated and had not passed their identified capacity. A clinical waste contract was in place and waste matter was appropriately sorted and stored until collection. We noted that there was no lock on the door to the area where the clinical waste was stored. As a result patients could access this area. Following the inspection the provider contacted us to say a lock was being fitted to the door on 19 August 2015. The practice verified the work had been completed after this date by sending photographic evidence.

We looked at the procedures the practice used for the decontamination of used or 'dirty' dental instruments. The practice had a specific decontamination room that had been mostly been arranged according to the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.**'** Within the decontamination room there were clearly defined dirty and clean areas to reduce the risk of cross contamination and infection. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, aprons and protective eye wear. However, there was only one sink in the

decontamination room where the HTM 01-05 guidelines recommend two. The practice had overcome this issue by the use of a removable bowl. The decontamination room also did not have a lock, which would allow patients to enter the room if it was unattended. Following the inspection the provider also contacted us to say a lock was being fitted to the decontamination room door on 19 August 2015. The practice verified the work had been completed after this date by sending photographic evidence.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM01-05). During our inspection, a dental nurse demonstrated the decontamination process, and we saw the procedures used were as in the guidance. The practice cleaned their instruments using a washer disinfector. This was a machine similar to a domestic dishwasher specifically designed to clean dental instruments. As a backup the practice also had an ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and water. Instruments were then rinsed and examined visually with an illuminated magnifying glass and sterilised in an autoclave (a device for sterilising dental and medical instruments).

The practice had two steam autoclaves, one for general use and one as a backup. This type of autoclave was designed to sterilise non wrapped or solid 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.

The equipment used for cleaning and sterilising was maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. This allowed the clinical staff (the dentists and dental nurses) to have confidence that equipment was sterilising the dental instruments effectively and patients were not exposed to cross infection. Records showed that the equipment was in good working order and being effectively maintained.

Staff said they wore personal protective equipment when cleaning instruments and treating people who used the service. Our observations supported this view. Staff files showed that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise risks of blood borne infections. The needle stick injury policy was displayed in the decontamination room. A member of staff was able to describe what action they would take if they had a needle stick injury and this reflected the practice policy. A needle stick injury is the type of injury received from a sharp blade or needle.

There was a Legionella risk assessment in place. This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and steps taken to reduce the risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in dental units if effective controls are not in place). Records showed the Legionella risk assessment had been updated in July 2015.

Equipment and medicines

Records showed that equipment was regularly maintained and serviced in line with manufacturer's instructions. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use. Emergency medicines were checked and were in date and as identified in the 'British National Formulary' (BNF). The BNF is a directory of medicines in use in the UK that provides guidance to clinical staff.

Medical equipment was monitored to ensure it was in working order and in sufficient quantities. Records of checks carried out were available for audit purposes.

Emergency medicines were located centrally, but securely for ease of use in an emergency.

Radiography (X-rays)

X-ray equipment was situated in individual treatment rooms and X-rays were carried out in line with local rules that were relevant to the practice and equipment. The local rules documents were available in each treatment room.

Are services safe?

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. This was as identified in the Ionising Radiation Regulations 1999 (IRR 99). Those authorised to carry out X-ray procedures were clearly identified. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained documentation to demonstrate the X-ray equipment had been maintained at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced with repairs undertaken when necessary.

The practice monitored the quality of its X-ray images on a regular basis and maintained appropriate records. This reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. Patient's notes showed that information related to X-rays was recorded and followed guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). This included grading of the x-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Discussions with dentists identified that at the start of each patient consultation patients were assessed. The assessment included taking a medical history from new patients and updating information for returning patients. This included health conditions, current medicines being taken and whether the patient had any allergies.

The dentists we spoke with told us that the results of each patient's assessment were discussed with them and treatment options and costs were explained. The patient notes were updated with the proposed treatment after discussing the options. Patients said they were involved in those discussions, and were able to ask questions. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. Dentists were aware of NICE guidelines, particularly in respect of recalls of patients and anti-biotic prescribing.

We reviewed 27 Care Quality Commission (CQC) comment cards. Feedback was positive with patients expressing their overall satisfaction with their treatment received. Patients spoke positively about the staff, and particularly the dentists.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

The practice made free samples of toothpaste available to patients. There were also dental supplies such as interdental brushes available to buy. These came in various sizes, and were for cleaning the gaps between the teeth, and under bridges.

Staffing

The practice had three dentists who working at the practice including the principle dentist. There were also two dental therapists and three dental nurses plus one trainee dental nurse. In addition the practice had a receptionist, a clinical manager who was also one of the three dental nurses, and an office manager.

Dental staff had appropriate professional qualifications and were registered with their professional body. Prior to our inspection we checked the status of all dental professions with the General Dental Council (GDC) website. We saw that all registrations with were up to date. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the GDC. CPD contributes to the staff members' professional development. Staff files showed details of the number of hour's staff members had undertaken and training certificates were also in place in the files.

Staff training was monitored and training updates and refresher courses were provided. The practice had identified some training that was required and this included basic life support and safeguarding. Records we viewed showed that staff were up to date with this training. Staff said they were supported in their learning and development and to maintain their professional registration.

The practice had a system for appraising staff performance. The records showed that appraisals had taken place. Staff said they felt supported and involved in discussions about their personal development. They told us that the dentists were supportive and always available for advice and guidance.

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. This included referral for specialist treatments such as conscious sedation or referral to the dental hospital if the problem required more specialist attention. However, we saw that arrangements were in place to carry out sedation at the practice, although this service had not started at the time of our inspection.

Consent to care and treatment

The practice had a policy for consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were

Are services effective?

(for example, treatment is effective)

signed by the patient. The dentists were aware of and understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment without the need for parental permission or knowledge.

Discussions with four patients identified that consent was discussed and recorded at each patient consultation and treatment.

Documents within the practice demonstrated staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had attended Mental Capacity Act 2005 (MCA) training. The MCA provided a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw that staff at the practice were treating patients with dignity and respect. Discussions between staff and patients were polite, respectful and professional. We also saw that staff maintained patient's privacy, and discussions took place either in treatment room or a separate reception room. The reception area was located in a room designated for the purpose, with the waiting room being located away from the reception area. This gave the staff the opportunity to maintain patients' confidentiality.

We saw that patient records, both paper and electronic were held securely either under lock and key or password protected on the computer.

We viewed 27 Care Quality Commission (CQC) comment cards that had been completed by patients, about the services provided. All 27 comment cards had positive comments about the services provided. Patients said that practice staff were friendly, professional and the dentistry was of a high standard.

Involvement in decisions about care and treatment

We spoke with four patients on the day of the visit. All the comments were positive, and included comments about the quality of the dentistry at the practice, and how caring and friendly the staff were. All three patients said that treatment was explained clearly including the cost. Care Quality Commission (CQC) comment cards completed by patients included comments about how treatment was always explained in a way the patients could understand. Several comment cards made reference to recommending the dentist to other family members who had become patients as a result. The patients we spoke with said they had been fully involved in all decisions relating to their care and treatment at the practice. In addition seventeen comment cards specifically stated that patients had been involved in care decisions, discussions or had been able to ask questions or offer an opinion.

The practice information leaflet, information in the waiting area and on the practice website clearly described the range of services offered to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website. In addition we saw a range of patient information leaflets were available in the waiting room. We found the practice had an appointment system to respond to patients' routine and needs and when they required urgent treatment. For example, patients in pain were offered an emergency appointment during normal working hours if possible. The length of appointments and the frequency of visits for each patient were based on their individual needs and treatment plans. Longer appointments were available for patients who needed more time.

If patients required services that were not provided at the practice, there were established referral pathways to ensure patients' care and treatment needs were met.

Tackling inequity and promoting equality

The practice only provided private dental treatment and was situated in Nottingham city centre. The majority of patients who used the practice spoke and understood English. However, staff said they had access to interpreters if needed.

The practice building was suitable for those who had impaired mobility. This included level access, a downstairs toilet which was accessible to people with restricted mobility. Doorways and corridors were wide enough to accommodate those who used wheelchairs. The treatment rooms were on different floors within the practice. Staff told us patients with poor mobility were seen in the downstairs treatment room to avoid them having to use the stairs.

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. We saw an example of a patient who was anxious being given a longer appointment, so the dentist could take their time while reassuring the patient.

Access to the service

The arrangements for emergency dental treatment outside of normal working hours were through the Nottingham Emergency Dental Services (NEDS). A telephone number was available for patients in need of emergency treatment at weekends. This information was displayed on the practice website.

The practice normal opening hours were: Monday: 10:30 am to 8:00 pm, Tuesday: 8:30 am to 4:00 pm, Wednesday: 8:30 am to 7:00 pm, Thursday: 8:30 am to 6:00 pm, Friday: 8:30 am to 4:00 pm, and Saturday 8:30 am to 1:00 pm. The practice opening hours gave patients in full time employment or education the opportunity to attend for a convenient appointment.

Feedback from patients about the appointments system was positive. Patients said that appointments were easy to arrange, and emergency treatment was usually the same day.

The principal dentist provided an orthodontic service from a satellite clinic which was located at Dovebank House, Sudbury, Ashbourne, Derbyshire DE6 5HR. Patients had self-referred and were seen under private contract. The dentist provided the service at the Dovebank practice outside normal office hours for patients' convenience. Parking was available on site. The Dovebank practice was located on the ground floor with level access.

Concerns & complaints

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. The policy also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that three complaints had been received since August 2014. The clinical manager said that complaints were identified and analysed for any trends or concerns. We reviewed the complaints file and saw evidence of the analysis, and that complaints had been responded to in a timely manner and in line with practice's complaints policy. We saw evidence that learning had been shared with staff at a team meeting. One example identified that the patient dentist confidence had been restored

Are services responsive to people's needs?

(for example, to feedback?)

On its website the practice had several testimonials where patients had shared the positive experiences of Park Dental Care. This included seven that had been received in the previous 12 months.

Care Quality Commission (CQC) comment cards reflected that patients were extremely satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The principal dentist took an active lead in the day to day running of the practice. The practice also employed a full time clinical manager who was also an experienced and qualified dental nurse to ensure the maintenance of service and operations. The clinical manager demonstrated they had a thorough understanding of the day to day operation of the practice.

The practice had arrangements in place for monitoring and improving the services provided for patients. For example minutes of staff meetings identified that issues of safety and quality were regularly discussed. Staff said they found meetings beneficial as learning could be shared and discussed.

There governance arrangements in place were not always robust. The practice had completed audits of patient's notes and regular review and updates of policies and procedures. We saw that staff were aware of their roles and responsibilities within the practice. However, the practice was unable to demonstrate that six monthly audits of its decontamination processes had been completed.

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. The practice also used a dental patient computerised record system and all staff had been trained to use the system. We reviewed a random sample of policies and procedures and found them to be in date and having review dates identified.

Leadership, openness and transparency

Our observations together with comments from patients and staff identified that dentists were friendly, welcoming and approachable. Staff said they were able to speak with the dentists and discuss any professional issues with them.

The practice had an open and honest culture. Staff told us that they could speak with the principal dentist if they had any concerns. We were told that there was a focus at the practice of delivering high quality care. Responses to patients concerns or complaints had been recorded, and showed an open approach, where possible the practice met with the complainant to discuss the issues. Documentation showed apologies had been given for any distress caused.

Staff told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

Staff said they felt well cared for, respected and involved in the practice, with monthly staff meetings in which they were encouraged to participate.

Management lead through learning and improvement

In its statement of purpose Park Dental Care stated the practice will: "Spend sufficient time with clients to ensure that they are comfortable and well informed, Use good quality modern materials and techniques and support continuing staff training and development." We found staff were aware of the practice values and ethos and demonstrated that they worked towards these.

Several staff members said that the practice put the patient first, and were at the heart of everything the practice did. We saw that dentists reviewed their clinical practice and introduced changes to make improvements. This was demonstrated following analysis of one complaint received. This had led to a presentation to the team around a particular treatment to raise awareness, and improve practice.

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

The practice ensured that patients were involved in making decisions about their care and treatment and this information was recorded in their records. Comments on the practice website were positive and included comments that they received a professional service and good quality care and treatment.

The comments in the 27 Care Quality Commission (CQC) comment cards we received and the three patients we spoke with said that they were happy with the care and treatment they received.

Staff said that patients could give feedback at any time they visited.

Are services well-led?

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

The practice held regular staff meetings and staff appraisals had been undertaken. Staff told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team and well supported.