Care Quality Commission

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Knutsford Road Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 December 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

Knutsford Road Dental Clinic is located in a residential suburb close to the centre of Wilmslow. The practice's reception, waiting room and treatment room are situated on the ground floor. The practice is accessible to patients with disabilities, mobility difficulties, and to wheelchair users. There are fully accessible patient toilet facilities also on the ground floor. Parking is available outside the premises. The provider has been providing dental services from this location for two years.

The practice provides general dental treatment and emergency dental treatment to patients on a privately funded basis. The opening times are Monday, Wednesday and Friday 9.00am to 5.30pm, Tuesday and Thursday 9.00am to 7.30pm, with emergency appointments available outside these hours. The practice is staffed by a principal dentist, a practice manager / trainee dental nurse / receptionist, and a trainee dental nurse / receptionist.

The principal dentist is registered with the Care Quality Commission as an individual. 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.

We received feedback from nine people during the inspection about the services provided. Patients commented that they found the practice excellent, and that staff were polite, friendly, and caring. They said that they were given detailed explanations about dental treatment, and that the dentist listened to them. Patients

Summary of findings

commented that the practice was spotlessly clean and comfortable. Several patients with severe dental anxieties commented that the dentist and staff made them feel calm and relaxed during treatment.

Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- The premises and equipment were clean, secure and well maintained.
- Staff followed current infection control guidelines for decontaminating and sterilising equipment.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available 24 hours a day.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.
- Staff had received safeguarding training, and knew the processes to follow to raise concerns. One member of staff had not updated their training recently.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available, with the exception of a portable suction device.

We identified the practice did the following which had a positive impact on patient experience and health outcomes.

The provider was aware of the difficulties experienced by patients of both NHS and private dental services in obtaining immediate emergency appointments and treatment. The provider had set up Knutsford Road Dental Practice to provide 24 hour emergency appointments alongside a routine dental treatment. Appointments were available for patients to obtain not only pain relief but also, for example, restoration of broken teeth and cosmetic treatment.

The service received a high number of patients who were not regular dental attenders, a significant proportion of which were patients with dental anxieties. These patients were allocated appropriate length appointments to allow the dentist to provide treatment but also to allow the dentist and staff to assist in helping the patients to overcome their fears.

The dentist telephoned emergency patients on the day following their appointment to check on their well-being and the treatment provided.

The provider explained the emergency appointments also provided an important opportunity to deliver a positive experience of dentistry. Patients with no regular dentist were offered the opportunity to return for a full dental examination appointment at no cost. We saw several examples of feedback from dentally anxious patients confirming they had returned for on-going treatment and become regular attenders.

This demonstrated a commitment to improving access to dental treatment, promoting a good quality of life to patients and supporting patients to achieve positive outcomes, in respect of their oral health.

We believe this to be notable practice worth sharing as it demonstrates involvement with the local and wider community to make sure people's needs are met.

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

- Review the availability of equipment to manage medical emergencies having due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council standards for the dental team.

Summary of findings

- Establish whether the practice is in compliance with its legal obligations under the Ionising Radiations (Medical Exposure) Regulations 2000, in relation to the undertaking of X-ray audits, and review the frequency of the infection control audits.
- Establish an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities, specifically in relation to staff working in a clinical environment prior to the determination of the effectiveness of the Hepatitis B vaccination.

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? — No action ✓

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

The provider had systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, dental radiography, and for investigating and learning from incidents and complaints.

Staff were appropriately recruited, suitably trained and skilled.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals.

The premises were secure and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

There was guidance for staff on the decontamination of dental instruments which they were following.

The practice had emergency medicines and equipment available, including an automated external defibrillator. One piece of equipment, a portable suction device was not available. The provider assured us this would be obtained. Staff were trained in responding to medical emergencies.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation, however we were told that auditing of X-rays was not being undertaken. The provider assured us auditing would be implemented.

Are services effective? — No action ✓

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

The practice followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. Patients' consent was obtained before treatment was provided; and treatment focused on the patients' individual needs. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved.

Patients attending for emergency appointments, who did not have a regular dentist, were offered the opportunity to return for a full dental examination at no further cost.

The dentist provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received on-going training in a variety of subjects to assist them in carrying out their roles.

Summary of findings

Are services caring? We found that this practice was providing caring services in accordance with the relevant regulations. Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given. The dentist provided extra time for patients attending emergency appointments who were anxious about dental treatment to ensure they were treated in a calm manner and to build their confidence to become a regular attender. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease and relaxed. We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.	No action ✔
Are services responsive to people's needs? We found that this practice was providing responsive care in accordance with the relevant regulations. Patients had access to appointments to suit their preferences, and 24 hour emergency appointments were available. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice and on the practice website. The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient. The provider had taken into account the needs of different groups of people and put adjustments in place, for example, for people with disabilities, wheelchair users, and patients whose first language was not English. The practice had a complaints policy in place which was displayed in the waiting room. The practice had not received any complaints to date.	No action ✔
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. The provider had effective systems and processes in place for monitoring and improving services. The practice had a management structure in place and some of the staff had lead roles. Staff reported that the provider and manager were approachable and helpful, and took account of their views. The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely. We saw that these were regularly reviewed.	No action ✔

Summary of findings

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement in the practice, for example, learning from audits and patient feedback.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The culture of the practice encouraged openness and honesty. Staff told us they were encouraged to raise any issues or concerns.

The practice held regular staff meetings, and these gave everybody an opportunity to openly share information and discuss any concerns or issues.

Knutsford Road Dental Clinic

Detailed findings

Background to this inspection

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

The inspection took place on 8 December 2016 and was led by a CQC Inspector with remote access to a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke to the dentist and the practice manager/trainee dental nurse / receptionist. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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 provider had procedures in place to report, record, analyse, and learn from significant events and incidents. No significant events had occurred since the service was registered. We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report. The provider had procedures in place to record and investigate accidents however no accidents had taken place.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. We saw that copies of alerts were retained and actions taken in response to them were recorded.

Reliable safety systems and processes (including safeguarding)

We saw that the practice had systems, processes and practices in place to keep people safe from abuse.

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had a policy for safeguarding children and vulnerable adults. The principal dentist undertook the lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were available for reference. Staff were trained in safeguarding, but one member of staff had last completed training in 2012 which was not within the recommended interval of three years. The provider assured us this would be addressed.

A practice information folder was available in the waiting room and this included information for patients on sources of advice and help in relation to safeguarding.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the dentist at subsequent visits. The dental care records we looked at were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, and what was due to be carried out. The records were stored securely.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, we reviewed the provider's protocols for root canal treatment. The dentist told us that a dental dam was routinely used in root canal treatments to protect the patient's airway during. This was documented in the dental records we reviewed. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth.

The dentist was assisted at all times by a dental nurse.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and life support as a team and this was updated annually. Staff described their team work approach to medical emergencies, for example who would assume which role. Staff were also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (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 provider did not have a portable suction device available but assured us this would be obtained. We saw that the medicines and equipment were checked regularly.

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

Staff recruitment

The practice had a recruitment policy and associated procedures in place. The provider maintained recruitment records for each member of staff. We reviewed the staff records and saw these contained, where relevant, evidence of the following; qualifications, registration with their professional body, the General Dental Council, indemnity insurance, and evidence that Disclosure and Barring checks had been carried out.

Staff recruitment and employment records were stored securely to prevent unauthorised access.

The practice had a comprehensive induction programme in place. We saw the induction programme for the most recently recruited member of staff and this contained information about practice policies and procedures such as health and safety requirements, practice risk assessments and patient confidentiality.

Monitoring health and safety and responding to risks

The provider had systems in place to assess, monitor, and mitigate risks, with a view to keeping patients and staff safe.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice. Policies, procedures and risk assessments were regularly reviewed.

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections. We saw that one clinical member of staff had recently completed the vaccination course. The effectiveness could not be identified until a period of time had elapsed but no risk assessment was in place to monitor and mitigate the associated risks of working in a clinical environment. The provider assured us this would be done.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. The evacuation procedure to be followed in the event of a fire was displayed and staff were familiar with it.

Infection control

The practice had an overarching infection prevention and control policy in place, underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment room for staff to refer to.

One member of staff had a lead role for infection prevention and control and provided guidance to staff where required.

Staff undertook infection prevention and control audits annually. We saw that the practice had performed well in the audits.

Are services safe?

We observed that there were adequate hand washing facilities available in the treatment room, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05).

The practice had a dedicated decontamination room which was accessible to staff only. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed containers to transfer used instruments from the treatment room to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging, and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in these drawers and found that the packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested, and maintained in accordance with the manufacturer’s instructions and HTM 01-05. We saw records of these checks and tests.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The provider had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The provider reviewed the assessment every two years. Actions to reduce the likelihood of Legionella developing were identified in the assessment and these had been carried out by staff, for example, one of the staff tested water temperatures on a daily basis. Staff did not record the results of the tests. The provider assured us records would be implemented. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. Cleaning of all areas of the practice was the responsibility of the staff. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. The practice followed current HTM 01 05 guidance on cleaning. Cleaning equipment was not stored appropriately.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

Equipment and medicines

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

Staff showed us the recording system for the prescribing, storage and stock control of medicines.

Private prescriptions were printed out when required following assessment of the patient and we saw that the appropriate information was provided to patients where antibiotics were dispensed.

We saw contracts for the maintenance of equipment, and recent test certificates for the

decontamination equipment, the air compressor and the X-ray machine. The practice carried out regular current portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

Are services safe?

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

Radiography (X-rays)

We saw that the provider was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000, (IRMER), current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

The practice maintained a radiation protection file which contained most of the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We did not see evidence that the Health and Safety Executive had been notified of the use of X- ray equipment on the premises. The provider assured us this would be addressed immediately.

We saw a critical examination pack for the X-ray machine. Routine testing and servicing of the X-ray machine had been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Dental care records confirmed that X-rays were justified, graded and reported on. The dentist had not carried out auditing of the quality of the X-ray images but assured us this would be put in place.

The practice used digital radiography which assists in reducing patient exposure to X-rays.

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments, and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and General Dental Council guidelines. The dentist described to us how examinations and assessments were carried out. Patients completed a medical history form with details of their health conditions, medicines being taken, and allergies, as well as details of their dental and social history. The dentist then carried out an examination. Patients were made aware of the condition of their oral health. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear, and contained sufficient detail about each patient's dental treatment. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw patients' signed treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that the dentist was clear about treatment needs and options, and treatment plans were informative.

We saw evidence that the dentist used current guidelines issued by the National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews to assess each patient's risks and needs, and to determine how frequently to recall them.

The provider explained the emergency appointments provided an important opportunity to deliver a positive experience of dentistry so those patients not registered with a dentist were offered the opportunity to return for a full dental examination appointment at no cost. We saw several examples of feedback from dentally anxious patients confirming they had returned for on-going treatment and become regular attenders.

Health promotion and prevention

We saw that the dentist adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. We saw that tailored preventive dental advice, and information on diet, and lifestyle was given to patients in order to improve their health outcomes. Where appropriate, fluoride treatments were prescribed. A practice information folder was available in the waiting room and this included information in relation to improving general health, oral health and lifestyles.

Staffing

We observed that staff had the skills, knowledge, and experience to deliver effective care and treatment.

The trainee nurses were currently undertaking study for their dental nursing qualification. The dentist had obtained a qualification in mentoring trainee dental nurses and provided support and supervision. An assessor also visited the practice monthly to assess the dental nurses' skills and abilities.

The provider carried out staff appraisals regularly. We noted the appraisals were a two way process. Staff confirmed appraisals were used to identify training needs.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. Registration requires dental professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the dentist was registered with the GDC.

We saw the trainee nurses were supported in working towards their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. The practice used a variety of training methods to deliver training to staff, for example, external courses, and online learning. Training included the mandatory General Dental Council core topics, health and safety, and a variety of generic and role specific topics. We reviewed the staff records and found these contained a variety of CPD, including the core GDC subjects.

Working with other services

Are services effective?

(for example, treatment is effective)

We reviewed the practice's arrangements for referrals. The dentist was aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. The dentist made referrals to secondary care and specialist services if the treatment required was not provided by the practice or in response to patient preference. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines. All referrals were logged and monitored as to their progress. Referral outcome letters were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

The dentist described how they obtained valid, informed, consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the dentist made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits, and costs.

The dentist described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed this in the dental care records we looked at.

Treatment costs were displayed in the waiting room along with information on dental treatments to assist patients with treatment choices. Similar information was also provided on the practice's website along with background information on dental emergencies.

The dentist explained that they would provide treatment to patients attending for emergency appointments at that appointment but not to regular patients at their examination appointment unless they were in pain, or their presenting condition dictated otherwise. We saw that the dentist allowed patients time to think about the treatment options presented to them.

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. The dentist demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentist had an understanding of the principles and application of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring, and helpful. The practice had a separate room available should patients wish to speak in private. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards that staff put them at ease.

Staff made follow-up telephone calls routinely to patients who had, for example, had emergency, lengthy or complex treatments or were vulnerable due to medical or other issues.

We observed staff to be friendly and respectful towards patients during interactions over the telephone.

The provider explained that due to the provision of a 24 hour emergency service they treated significant numbers of anxious patients who were not regular dental attenders. The provider had designed and furnished the practice to create a welcoming, comfortable environment. Staff were proactive before, during and after treatment in responding to patients' individual needs and the provider allocated appropriate appointment time to allow patients to be treated in a calm, relaxed manner. The dentist spent time talking to the patients about their specific fears and attempted to reduce their anxiety triggers.

The dentist telephoned emergency patients the following day to check on their well-being and treatment. Patients confirmed in CQC comment cards that they were made to feel very comfortable and that staff were very re-assuring.

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice. The provider had a monitor screen and intra oral camera and showed patients their X-rays, dental problems, for example, broken teeth and decay, and the final treatments once provided.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The practice was decorated and furnished to a high standard, and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained to this standard on an on-going basis.

We saw that the dentist tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and evening appointments.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled the dentist to identify any specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

We saw that the provider gathered the views of patients when planning and delivering the service via patient surveys, for example, the provider surveyed all new and emergency patients to ask people if the service was meeting their needs. We observed that the feedback received was markedly positive.

Tackling inequity and promoting equality

The provider had carried out a Disability Discrimination Act audit, and had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English.

The practice was accessible to people with disabilities, mobility difficulties, and to wheelchair users. Parking was available outside the premises. The waiting room, reception, and the treatment room were all situated on the ground floor. The provider had a portable ramp available to facilitate access to the practice for wheelchair users and staff provided assistance should patients require it.

The reception desk was at a suitable height for wheelchair users. Toilet facilities were situated on the ground floor and were accessible to people with disabilities, mobility difficulties, and to wheelchair users.

The practice offered interpretation services to patients whose first language was not English and to patients with hearing difficulties. Staff could communicate in a number of languages.

The practice made provision for patients to arrange appointments by telephone or in person, and patients could choose to receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw that patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed at the entrance to the practice and on the practice website. Patients confirmed on CQC comment cards that appointments were easy to book and always at convenient times.

The provider was aware of the difficulties experienced by patients of both NHS and private dental services in obtaining immediate emergency appointments and treatment and had set up the service to provide 24 hour emergency appointments alongside the routine dental treatment service. Appointments were available for patients to obtain not only pain relief but also, for example, restoration of broken teeth and cosmetic treatment. We saw positive comments from several patients on holiday in the area who had received emergency treatment.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room. Details as to the further steps people could take should they be dis-satisfied with the practice's response to their complaint were included. The complaints procedure had not been included on the practice's website, but the provider was planning to update the website in the near future and this would be included. No complaints had been received by the practice to date.

Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found these were operating effectively.

The provider had arrangements in place to ensure risks were identified and managed and had carried out risk assessments and put measures in place to mitigate risks. We saw that risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback and carrying out a range of audits. We saw that these arrangements were working well.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained electronically. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service for patients and for staff.

We saw that the provider had displayed a summary of patient feedback on the practice's website.

The practice held staff meetings every month. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding. Staff told us that as it was a small practice issues were discussed and resolved as they arose.

The practice was managed by the provider and the practice manager. Some responsibilities were shared between staff, for example, there were lead roles for infection prevention and control, and safeguarding. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities. Staff were aware of their own competencies, skills, and abilities.

The provider operated an open door policy. Staff said they could speak to the manager or provider if they had any concerns, and that both were approachable and helpful. Staff confirmed their colleagues were supportive.

Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery. We saw that the audit process was functioning well. Audits we reviewed included infection prevention and control, medical history taking and gum health screening. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out and re-auditing used to measure improvement.

The provider gathered information on the quality of care from a range of sources, including patient feedback on social media, in the practice and surveys, and used this to evaluate and improve the service. Staff told us that patients were always able to provide verbal feedback, and this was captured and analysed by the practice.

Staff confirmed that learning from complaints, incidents, audits, and feedback was discussed at staff meetings to share learning in order to inform and improve future practice.

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

We saw that people who used the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, and carried out patient surveys, and looked at the results to identify areas for improvement.

A suggestion box, a book for patient comments and survey forms for new patients were also available in the waiting room. We saw that patient feedback was markedly positive.

Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.