Nationwide Healthcare

Market Place Family Dental Centre-Exchange Row

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 May 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Market Place Family Dental Centre is a dental practice providing mostly NHS dental treatments located in premises close to the centre of Mansfield. There is short term car parking available to the front of the practice and this includes disabled parking. There were six treatment rooms including one on the ground floor.

The practice was first registered with the Care Quality Commission (CQC) in May 2013. The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are: Monday to Saturday from 9 am to 6 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Dentists at the practice were part of an emergency out-of-hours service. Alternatively patients could telephone the NHS 111 number.

The area manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has six dentists; one qualified dental nurse; five trainee dental nurses; one receptionist and a practice manager.

We received positive feedback from 41 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

Our key findings were:

- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect; and dentists involved them in discussions about treatment options and answered questions.
- Patients' confidentiality was maintained.
- There were systems in place to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.

The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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 received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice received referrals from other dental professionals and there were clear procedures for receiving referrals and dealing with them in a timely manner.

Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Patients said staff were friendly, polite and professional. Feedback identified that the practice treated patients with dignity and respect.

Patients said they received good dental treatment and they were involved in discussions about their dental care.

Patients said they were able to express their views and opinions.

Are services responsive to people's needs?

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

Summary of findings

Patients said they were easily able to get an appointment. Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice had good access for patients with restricted mobility, including three ground floor treatment rooms and level access. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the waiting room, and the practice leaflet.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice had a robust system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them. Regular feedback was given to patients following surveys to gather patients' views.

Staff said the practice was a friendly place to work, and they could speak with the dentists if they had any concerns.

Market Place Family Dental Centre-Exchange Row

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.

We carried out an announced, comprehensive inspection on 24 May 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with eight members of staff during the inspection.

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

We reviewed policies, procedures and other documents. We received feedback from 41 patients about the dental service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in March 2016 this being a minor injury to a member of staff. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although they were aware how to make these on-line.

Records at the practice showed there had been sixteen significant events during 2016. The last recorded significant event had occurred in May 2016 this related to damage to a staff member's uniform. The record showed the significant events had been analysed and where relevant learning points were shared with the staff.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received centrally by the provider, analysed and shared with staff.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children. The policy had been reviewed in April 2016. The policy identified how to respond to and escalate any safeguarding concerns. This included a flow chart of steps to take when safeguarding concerns were identified. Safeguarding information was on display in both the staff room and behind the reception desk. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary.

The clinical lead for the practice was also the identified lead for safeguarding in the practice. They had received enhanced training in child protection to support them in fulfilling that role. We saw evidence that all staff had received safeguarding training to level two within the 12 months up to the inspection.

The practice had a policy to guide staff in the use and handling of chemicals in the practice. The policy identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The risk assessments identified the steps to take to reduce the risks including the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were available on a disc within the practice.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 22 November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in April 2016. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentists handled sharp instruments.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were attached to the wall in clinical areas which followed the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children.

Copies of the practice's sharps policy and how to deal with sharps injuries were displayed in the clinical areas of the practice.

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society recommend that dentists should be using rubber dams. A rubber dam is a thin

rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw the practice had a supply of rubber dam kits in the practice.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. We saw there was a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

There were two first aid boxes in the practice and we saw evidence the contents were being checked regularly. Two dentists had completed a first aid at work course which was within date. Posters in the waiting rooms informed patients of the location of the first aid boxes and who the trained first aid staff were at the practice.

There was an automated external defibrillator (AED) held in the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

Staff at the practice had completed basic life support and resuscitation training on 15 January 2016.

Additional emergency equipment available at the practice included: airways to support breathing and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

Staff recruitment

We looked at the staff recruitment files for four staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in April 2016. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: the use of electrical equipment, moving and handling, use of the autoclaves, and waste management.

Records showed that fire extinguishers had been serviced in March 2016. Records showed the practice carried out fire drill on a monthly basis. The last recorded being on 4 May 2016. All staff also completed fire training in May 2016.

The practice had a health and safety law poster on display behind reception. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in April 2016. The policy was available to staff working in the practice. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Are services safe?

Records showed that regular six monthly infection control audits had been completed. The practice had been completing these audits on six monthly basis. This was as recommended in the guidance HTM 01-05. There were no issues identified for action from this audit.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury however this was not dated. Following the inspection the practice informed CQC the mercury spillage kit had been replaced.

There were two a decontamination rooms where dental instruments were cleaned and sterilised. The separate rooms reduced the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We saw that instruments were being cleaned and sterilised at the practice. A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had one washer disinfector (a machine for cleaning dental instruments similar to a domestic dish washer). After cleaning instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's two autoclaves (devices for sterilising dental and medical instruments). The practice had two steam autoclaves, which were designed to sterilise unwrapped or solid instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

We examined a sample of dental instruments that had been cleaned and sterilised, using the illuminated magnifying glass. We found the instruments to be clean and undamaged.

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in August 2015 .Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in March 2016. We saw the annual landlord's gas safety certificate which was dated 20 October 2015. The practice also had a five year electrical safety certificate dated 10 May 2013. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in September 2015.

The practice had all of the medicines needed for an emergency situation, as identified in the British National Formulary (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

We saw that local anaesthetics at the practice were stored securely and were within their use by date.

Radiography (X-rays)

Are services safe?

The practice had seven intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw.

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

Records showed the X-ray equipment had last been inspected in March 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

All patients were required to complete a medical history form 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. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. They contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form, or updated their details. The details were transferred into the patient's dental care record and checked. The patient then provided an electronic signature to confirm their medical details. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients. There were posters in the waiting rooms which informed patients of the NICE guidelines in respect of recall appointments

Health promotion & prevention

The practice had three waiting rooms. The waiting rooms had posters relating to good oral health and hygiene. There were leaflets available about common treatments and conditions relating to the mouth. Services offered at the practice were identified and there was information for parents about caring for their children's teeth.

Information was appropriate for both adults and children, and there were posters about why flossing was important and good tooth brushing technique. Information from the Oral health promotion team at NHS England was on display giving advice and information about the early detection of oral cancer.

The practice had posters on display outlining the effectiveness of fluoride in fighting tooth decay. Children seen at the practice were offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. We saw evidence that the use of fluoride within the practice was being audited. Discussions with dentists showed they had a good knowledge and understanding 'delivering better oral health' toolkit.

We saw detailed examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, dentists had particularly highlighted the risk of dental disease and oral cancer. There was evidence of the local area team from NHS England working with the practice with regard to smoking cessation and oral cancer risk awareness.

Staffing

The practice had six dentists; one qualified dental nurse; five trainee dental nurses; one receptionist and a practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We looked at staff training records and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that annual appraisals had been completed for all staff. As part of the appraisal process staff completed a personal development plan to

Are services effective?

(for example, treatment is effective)

identify training needs for the coming year. Appraisals were completed on an annual basis for all staff. We saw evidence that appraisals for staff had taken place. We also saw evidence of new members of staff having an induction programme.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to a local orthodontic practice if the patient required specialist orthodontic treatment. The practice had a contract to perform minor oral surgery and did see patients who had been referred from other dental practices.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere. This was usually to the dental hospital in Sheffield or the local community service.

Staff said the referral system worked well. Referrals were tracked by reception and we saw evidence that referrals had been made promptly.

Consent to care and treatment

The practice had a consent policy which had been reviewed in April 2016. The practice also had a copy of the twelve key points of consent which had been produced by the Department of Health. Documentation within the practice made reference to valid consent, informed consent and the ability to consent. The practice also had a policy regarding adults who lacked capacity and this made reference to the Mental Capacity Act 2005 (MCA) and best interest decisions. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

A dentist gave an example of when a best interest decision had been made for a patient who lacked capacity. The discussion with the dentist identified there was a good understanding of the MCA and how to apply it in a clinical situation. In the example given, a second opinion was sought from another dentist and a multi-disciplinary meeting arranged to consider what was in the patient's best interests.

Consent was recorded in the patients' dental care records. The dentists discussed the treatment plan, and explained the process, which allowed the patient to give their informed consent.

We saw how consent was recorded in the patients' dental care records. Dentists had discussed the treatment plan with the patients, which then allowed patients to give their informed consent. Dentists used the standard FP17 NHS consent form to record consent at the practice. A copy was given to the patient and this included a copy of the treatment plan.

The consent policy made reference to obtaining consent from children aged under 18. We talked with dentists about this and identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff speaking with patients and saw that staff were welcoming, polite and professional. Our observations showed that patients were treated with dignity and respect.

The reception desk was located within the waiting room. We asked how patient confidentiality was maintained with reception staff. Staff said if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen, such as an unused treatment room. Staff said that all details of patients' individual treatment were discussed in the privacy of the treatment room.

We saw that patient confidentiality was maintained at the practice. We asked three patients about confidentiality. Both said they had no concerns or issues. Computer screens could not be overlooked at the reception desk. We saw that patients' dental care records were password protected and held securely.

Involvement in decisions about care and treatment

We received feedback from 41 patients on the day of the inspection. This was through Care Quality Commission (CQC) comment cards, and through talking to patients in the practice. All of the feedback was positive with patients saying there was an opportunity to ask questions and those questions were answered. Patients said the staff were friendly and welcoming.

The practice offered mostly NHS treatments and the costs were clearly displayed in the practice and on the practice website.

We spoke with two dentists about how each patient had their diagnosis and dental treatment discussed with them. We saw evidence in the patient care records of how the treatment options and costs were explained and recorded before treatment started. Patients were given a written copy of the treatment plan which included the costs.

Where necessary dentists gave patients information about preventing dental decay and gum disease. Dentists had highlighted the particular risks associated with smoking and diet, and this was recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. There were posters in the practice explaining the NICE guidelines in respect of recalls for appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in premises close to the centre of Mansfield. There was short term car parking available to the front of the practice and this included disabled parking. There were six treatment rooms including one on the ground floor.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

We spoke with three patients during the inspection. Patients said they had no problem getting an appointment that suited them. Patients said reception staff were welcoming and friendly. Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this the practice operated a sit and wait system.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

Tackling inequity and promoting equality

There was an equal opportunities policy which had been reviewed in October 2015. All staff had completed equality and diversity training on 27 June 2015.

The practice was situated over three floors. There was one ground floor treatment room, so patients in a wheelchair or with restricted mobility could access treatment at the practice. The treatment room was large enough for a patient to manoeuvre a wheelchair. There was a designated access for wheelchair users which allowed level access.

The practice had good access to all forms of public transport with the central bus and train stations located close by.

The practice had a ground floor toilet adapted for the use of patients with mobility problems. The toilet had support bars and grab handles. Taps on the hand wash sink were lever operated.

The practice had completed an access audit in line with the Equality Act (2010). This identified the practice was compliant with legislation relate to access in the Equality Act. The practice had a portable hearing induction loop in reception to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Details were available to staff at the reception desk.

During the inspection we saw a patient using sign language. Staff said the patient always had a signing interpreter when they came for an appointment.

Access to the service

The practice's opening hours were: Monday to Saturday from 9 am to 6 pm.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Dentists at the practice were part of an emergency out-of-hours service. Alternatively patients could telephone the NHS 111 number.

The practice telephoned patients the day before their appointment to remind them their appointment was due. In addition the practice operated a text message reminder service.

Concerns & complaints

The practice had a complaints procedure which had been reviewed in October 2015. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was displayed in the waiting rooms, and contained in the practice leaflet however, this information was not available on the practice website.

From information received before the inspection we saw that there had been two formal complaints received in the 12 months prior to our inspection. We saw documentation which identified these complaints had been dealt with in a timely manner. We saw that an apology and an explanation had been given to the patient.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated within the previous two months. The practice manager identified that all policies were updated on an annual basis.

We spoke with staff who said they understood their role and could speak with either a dentist or the practice manager if they had any concerns. Staff said they understood the management structure at the practice and the larger organisation. We spoke with two members of staff who said there was a good team.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

There was a practice manager in post who had many years' experience of working in dentistry. .

We saw that staff meetings were scheduled for once a month throughout the year. The agenda covered areas such as: significant events, infection control, and health and safety. Staff meetings were minuted and minutes were available to all staff. When there were learning points to be shared with staff we saw evidence these had been discussed and shared as appropriate.

We spoke with several staff at the practice who told us there was good team working. Staff said they could voice their views, and raise concerns, and were encouraged to do so. There were regular team meetings. Dentists were available to discuss any concerns and there was support available regarding clinical issues.

Observations showed there was a friendly and welcoming attitude towards patients from staff throughout the practice. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in April 2016. This policy was linked to the practice policy for bullying and harassment. The whistleblowing policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. The policy had been discussed in a staff meeting on 19 April 2016.

Learning and improvement

We saw there was a strong culture of improvement at the practice. To achieve these audits were completed throughout the year. This was for both clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. We saw that the audit process was robust with detailed analysis and action for each audit where required. There were examples where audits had prompted individual action plans and group discussion.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The responses within the comment box were analysed on a monthly basis. The most recent data on the NHS Choices website showed that 181patients had responded and 97% would recommend the practice. Data in the practice from the week before the inspection showed 124 patients had responded with 117 either extremely likely or likely to recommend the practice to family and friends.

The practice also operated its own survey, with responses analysed on a three monthly basis. A poster in the waiting rooms showed that feedback from patients had identified the need to update the magazines in the waiting room. This had been done and the poster identified the steps taken to achieve this.