

Clock Tower Dental Care Limited

Clock Tower Dental Care Ltd

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 31 March 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

Clock Tower Dental practice is located close to the centre of Ripon, North Yorkshire. They provide private care and treatment for adults and National Health Service (NHS) care and treatment for children. The five treatment rooms are arranged over three floors, two waiting rooms, a reception area, two offices, a decontamination room, patient toilets and staff facilities and a separate room for the Orthopantomogram (OPT) machine (an OPT machine is a panoramic scanning dental X-ray of the upper and lower jaw).

There are six dentists (the clinical director and five associates), three dental hygienists, six dental nurses (two of which are trainees), a decontamination nurse, a receptionist, a business manager and a practice manager.

The practice offers private treatments including preventative advice, periodontal treatment and advanced restorative treatment. There is also laser treatment, endodontic treatments, implants, inhalation sedation and intravenous sedation and orthodontic treatments available.

The practice is open:

Monday- Friday 08:30 – 17:30.

The business manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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.

On the day of inspection we received five CQC comment cards providing feedback and spoke with 17 patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring and careful to explain treatment options. Patients also told us they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services.

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

- Implement an effective stock rotation and management system to ensure all dental materials are in date.
- Review the practice's protocol for undertaking audits of dental care records at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points so the resulting improvements can be demonstrated.
- Review the practice's protocols for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Review and place an accessible complaints policy in the patient waiting areas.

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 had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw all staff had received a variety of training in infection prevention and control. There was a decontamination room with guidance for staff on effective decontamination of dental instruments.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all new staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated November 2011 and the practice had completed annual in house assessments. Evidence of regular water testing was being carried out in accordance with the assessment.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention. The dentists we spoke with were not aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients' dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Summary of findings

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred.

Comments on the five completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be caring and careful to explain treatment options.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly. If the practice was closed the registered provider had information for patients to contact the out of hours service and they would open the practice if required to see patients in pain.

The practice did not have disability access due to steps at the front door being too steep to place a ramp; the ground floor surgery was available for patients who could not climb the stairs to other surgeries and they worked closely with other local practices to refer patients who required wheelchair access. Reasonable adjustments had been made to the practice where possible.

The practice had a complaints process which was not displayed or easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patient advice leaflets and practice information leaflets available on reception.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager and registered manager were responsible for the day to day running of the practice.

The practice held monthly staff meetings for staff at the practice which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were within the guidelines of the National Radiological Protection Board (NRPB).

They conducted patient satisfaction surveys and they were currently undertaking the NHS Friends and Family Test (FFT) for the children who used the service and had adapted the form for them to use.

Clock Tower Dental Care Ltd

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 was carried out on 31 March 2016 and was led by a CQC Inspector and a specialist dental advisor.

We informed the NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, three dental nurses (including the lead), a receptionist and the practice manager. We saw policies, procedures and other records relating to the management of the service. We reviewed five CQC comment cards that had been completed and spoke to 17 patients.

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 had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice manager.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months.

The registered manager told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The practice manager was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy kept within the staff room. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber

dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations. The staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). There was no evidence on the day of the inspection that any staff who worked with sedation had completed any immediate life support (ILS) training programmes to date. This was brought to the attention of the registered manager.

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked regularly. We checked the emergency medicines and found they were of the recommended type and were all in date and the oxygen cylinders had been serviced.

Staff recruitment

The practice had a recruitment policy in place and this process had been followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the newest member of staff's recruitment file which confirmed the processes had been followed. All personal information was stored securely in the office.

Are services safe?

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The 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 recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in September 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had been a fire risk assessment completed for the premises in 2014. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. The registered manager gave staff scenarios and all staff had a role to play in the fire drill. Items were left around the practice to represent patients and everyone had to ensure their item was safely escorted out of the practice to the fire meeting point. We felt this was notable practice as the whole team were involved in the drill and scenarios were adapted each time. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

On the day of the inspection we found a large number of dental materials out of date. We brought this to the

attention of the registered manager and discussed a more robust stock rotation system and the implementation of checks for all dental materials to prevent this happening in the future

Infection control

The practice had a decontamination room on the ground floor this was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

There were two separate sinks for decontamination work in the decontamination room and the room had an extractor fan to aid good air flow to reduce the risk of cross contamination. All clinical staff were aware of the work flow in the decontamination areas from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, examined under illuminated magnification and then sterilised in an autoclave. Sterilised instruments were not always correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lockable boxes.

On the day of the inspection we found unpacked instruments and no log in place to say when they had been processed and we found instruments with colour coding banding in place. We brought this to the attention of the registered manager to review the process of reprocessing instruments and remove the bands from the instruments as per the guidance from HTM 01-05.

We saw records which showed the equipment used for disinfecting and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

Are services safe?

We saw from staff records all staff had received various infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap were also available in all of the toilets.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection in a garage outside of the practice although the chemical waste from the X-ray developer was not securely stored. This was brought to the attention of the registered manager on the day of the inspection. The registered manager had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that 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 acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff.

We reviewed the last Legionella risk assessment report dated November 2011. All recommended monthly testing, including hot and cold water temperature checks were being carried out by the staff in accordance with the risk assessment. The nominated individual was responsible for the testing and reporting of any concerns. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) had been completed in October 2015.

We saw the fire extinguishers had been checked in August 2015 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than medical emergency medication a selection of antibiotic, pain relief and sedation medicines were stored within the practice. These were all stored securely and a log and monthly audit was in place to ensure all medicines had been checked in to the practice and signed out with the corresponding patient and prescribing dentist details.

The inhalation sedation equipment was due to be serviced in January 2016 although this had not been scheduled in for revalidation. This was brought to the attention of the registered manager and evidence was seen this was now booked in. The practice reviewed the diary and no Inhalation Sedation procedures were been booked in before this could be done on 18 April 2016.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and there was a separate room for the Orthopantomogram (OPT) machine (an OPT machine is a panoramic scanning dental X-ray of the upper and lower jaw). All X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries and the OPT room. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered manager told us they undertook annual quality audits of the X-rays taken. We saw the results of the May 2015 audit and the results were in accordance with the National Radiological Protection Board (NRPB).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

There was evidence patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in January 2012 where no action plans were in place, this would help address any issues that arise and set out learning outcomes more easily.

During the course of our inspection we discussed patient dental care records with the dentists and checked dental care records to confirm the findings. We found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

At subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists and hygienists were aware of the patient's present medical condition before offering or undertaking any treatment.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were stored in the patients' dental care records.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, a grade of each x-ray and a detailed report was recorded in the patient's dental care record.

Patients requiring specialist treatments that were not available at the practice such as oral surgery were referred to other dental specialists. Once the patient had been referred back to the practice, their oral health was then monitored. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries or with the hygienists.

The dentists told us they offered patients oral health advice and provided treatment, although they were not aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. This was brought to the attention of the registered manager and they told us a training session would be booked in as soon as possible.

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with advice about snacking between meals, hidden sugars in drinks and tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process and evidence of this was seen within the patient dental care records.

Are services effective?

(for example, treatment is effective)

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The practice worked closely with the dental hygienists to ensure oral health advice for all patients could be accessible.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered provider or registered manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including oral surgery.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring

dentist to see if any action was required and then stored in the patient's dental care records. The practice kept a log of the referrals which had been sent and when a response had been received.

The practice also received referrals from other dental practitioners for children's orthodontic treatments, implants and cosmetic dentistry. The registered provider was the only accredited cosmetic dentist in the North Yorkshire area.

The practice had a process for urgent referrals for suspected malignancies and had very good working relationships with local hospitals.

All referral criteria for each service was available to help dentists within the practice and the practice criteria for referrals was available for other professionals to ensure patients could access their services.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. We saw within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. The practice also gave patients with complicated or detailed treatment requirements more time to consider and ask any questions about all options, risks and cost associated with their treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. All paper dental care records were stored securely.

Music was played in the waiting areas for patients and a selection of magazines were available. A hot drink machine was available in the waiting room and cooled water. Information folders were also available and a selection of leaflets for patients to take home.

Each surgery had a ceiling mounted television and the patient could choose which channel they wished to watch through their treatments. Other patient screens were

available to show X-ray findings and discuss treatment options. All computers had access to the internet and videos could be used to explain treatment options to patients with more complex treatment plans.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets in the waiting room. The practice's website provided patients with information about the range of treatments which were available at the practice. This included root canal treatment, extractions, sedation, dental implants and treatments for gum disease and crowns.

Testimonials were available and before and after pictures of cosmetic dentistry that had been completed at the practice. In the waiting area the registered manager told us the pictures on the wall were of patients who had completed treatment at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was invited to sit and wait for an appointment if they wished. If the practice was closed the registered provider had an emergency number for patients to contact and the practice staff had a rota in place to ensure all patients could be seen out of hours.

The dentists told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients understanding if required or requested or referred them to the hygienists for more in depth support and advice.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate patients. However, due to the building being listed and the steps at the front door being too steep any patients requiring wheelchair access were referred to a local practice that could accommodate them. All dentists and hygienists had sessions in the downstairs surgery to accommodate all patients' needs and ensure continuity of treatment.

The practice had an equality and diversity policy and all staff had undertaken annual training to have an understanding of how to meet the needs of patients. The practice also had access to translation services for those whose first language was not English.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

The opening hours are:

Monday - Friday 08:30 – 17:30

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine and the practice had an out of hours number to call that provided all private patients access to care.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The registered manager was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered manager to ensure responses were made in a timely manner. The complaint folder had complaint overview sheets that were completed to give an easy overview of the complaint and timings of responses.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received no complaints in the last year, we saw evidence all historical complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint and providing a formal response.

The complaints procedure was not displayed in the waiting rooms. This was brought to the attention of the registered manager. The practice had information about how to complain in a practice leaflet where information about external agency details were incorporated. The practice also had patient advice leaflets and practice information leaflets available on reception.

Are services well-led?

Our findings

Governance arrangements

The registered manager and practice manager were in charge of the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy and an infection prevention and control policy. Staff were aware of their roles and responsibilities within the practice.

There was an effective management structure in place to ensure the responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings involving all staff members and also had dental nurse meetings to discuss any concerns informally that could then be shared at the practice meeting. These meetings were minuted. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the practice manager and registered manager were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

Learning and improvement

The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as dental care records and X-rays.

No sedation audit had been implementing for the Inhalation services or the Intravenous sedation to date in line with the 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. This was brought to the attention of the registered manager on the day of the inspection.

Staff told us they were encouraged and supported to complete training relevant to their roles to ensure essential training was completed; this included medical emergencies and basic life support, infection prevention and control and radiography.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

The practice worked closely with local schools and colleges offering work experience opportunities for anyone wishing to embark on a dental career. The practice had clear policies and procedures in place to support a local work experience programme to help keep visitors safe and raise awareness regarding confidentiality.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out various patient satisfaction surveys and had a comment box in the reception area. The satisfaction survey included questions about whether they were able to book an appointment easily, at a time that met their needs, if the dentists communicated costs and answered any questions which they had.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Are services well-led?

We saw the practice held monthly practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.