

Ravat & Ray Dental Care (Ormskirk) Ltd

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Inspection Report

West Lancashire Health Centre
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Overall summary

We carried out an announced comprehensive inspection on 22 August 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

Ravat & Ray Dental Care (Ormskirk) Ltd offers mainly NHS treatment to patients of all ages and some private dental care services. The services provided include preventative advice and treatment and routine and restorative dental care. The practice also provides minor oral surgery and emergency out of hour's dental care to patients in the West Lancashire area.

The practice has five dentists, seven qualified dental nurses, a decontamination nurse and a trainee dental nurse; in addition to a practice manager and two receptionists. The practice is a training practice for dental therapists and currently has four trainee dental therapists working there two days each week.

The practice is located in the West Lancashire Health Centre which is based in Ormskirk District Hospital. The practice has five dental treatment rooms, a dedicated decontamination suite and waiting and reception areas; in addition to office and storage facilities. There is wheelchair access and a large patient car park. Opening

Summary of findings

hours for the practice are from 8.00am until 6.00pm each week day. Emergency out of hours dental services are provided from 6.30pm until 10.00pm each Tuesday and Thursday evening.

The practice 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'. 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 viewed 23 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with two patients on the day of our inspection. We reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients was positive about the care they received from the practice. They commented that they had confidence in the dental services provided.

Our key findings were:

- We found the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- The practice had procedures in place to record, analyse and learn from significant events and incidents.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients were able to make routine or emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owners.
- The practice had an accessible and visible leadership team with clear means of sharing information with staff.

On the day of inspection we identified the following notable practice

- The practice is proactive about providing patients with information about their oral health and general wellbeing. The practice manager told us they promoted specific national and local campaigns each month.
- Each treatment room had details of local support groups for patients' health and wellbeing such as bereavement counselling, dementia care and smoking cessation. This helped staff to signpost patients to receive support and information from local services.
- The practice seeks to involve and listen to patients. In addition to carrying out patient surveys they arrange a patient engagement meeting annually to share information and listen to patients' suggestions and concerns.

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 arrangements for essential areas such as infection prevention and control, management of medical emergencies and dental radiography (X-rays). Staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

The practice followed procedures for the safe recruitment of staff and had systems in place to support them to carry out their work. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

No action



Are services effective?

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

The dental care provided was evidence based and focused on the needs of the patient. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice. Staff were aware of the impact of patients' and their family's general health and wellbeing. They were proactive about providing patients with information and in signposting patients to local support groups and services.

No action



Are services caring?

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

We looked at 23 CQC comment cards patients had completed prior to the inspection and spoke with two patients on the day of the inspection. Patients were positive about the care they received from the practice, they felt fully involved in making decisions about their treatment and were listened to.

The practice provided patients with information to enable them to make informed choices about treatment. Staff were knowledgeable about how to ensure patients had sufficient

No action



Summary of findings

information and the mental capacity to give informed consent. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

Are services responsive to people's needs?

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

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having text and email reminder systems in place.

The practice was aware of the needs of the local population and took these into account in how the practice was run for example staff arranged support for patients using both telephone and face to face interpreter services when required. 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.

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

No action



Are services well-led?

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

Strong and effective leadership was provided by the practice manager and from senior managers within Ravat and Ray. Additional lead roles were in place in the practice to support the manager to identify and manage risks and help ensure information was shared with all team members. A range of meetings for the staff as a whole, the dentists, and the nurses were arranged to share information, provide additional training and give staff an opportunity to raise any concerns.

There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff. There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.

The practice had systems in place to seek and act upon feedback from patients using the service. This included a rolling programme of patient surveys and an annual patient engagement meeting.

No action



Ravat & Ray Dental Care (Ormskirk) 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on the 22 August 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with one of the dentists, two qualified dental nurses, the

decontamination nurse, the practice manager and a Business Development Manager from Ravat and Ray who visited the practice on the day of the inspection. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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 systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about RIDDOR-the Reporting of Injuries and Dangerous Occurrences Regulations 2013. Records showed accidents and significant events were discussed and learning shared at meetings in the practice and within the provider organisation. We reviewed the significant events which had taken place within the last 12 months and these had been well documented, investigated and reflected upon by the dental practice.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare products Regulatory Agency that affected the dental profession (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). The clinical director within the provider organisation reviewed all alerts and circulated relevant ones to each practice manager who spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff. The practice displayed the most recent MHRA alerts in each treatment room

The practice had a Duty of Candour policy and provided training for staff regarding their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had access to a safeguarding file in each treatment room including a flow chart detailing how to raise concerns as well as contact details for both child protection and adult safeguarding teams in the Ormskirk area. The practice manager was the

safeguarding lead and all staff had undertaken safeguarding training in the last 12 months. The practice had a whistleblowing policy and displayed information for staff about who to contact if they had any concerns.

The practice had safety systems in place to help ensure the safety of staff and patients. These included a risk assessment and clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place which supported staff to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as blood and saliva. There were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

The practice followed national guidelines on patient safety, for example rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Medical emergencies

There were clear procedures in place for staff to follow in the event of a medical emergency. All staff had received life support training and this was updated annually. The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients, in accordance with the Resuscitation Council UK and British National Formulary guidelines. This included a range of airways and face masks for both adults and children. Staff had access to an automated external defibrillator (AED) on the premises, (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located. We saw records to show that the medicines and equipment were checked weekly.

Are services safe?

Staff recruitment

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity, checking qualifications and professional registration. The practice manager checked the professional registration for staff each year. The General Dental Council registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

It was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff and to repeat these checks every three years for dentists. These 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. Records confirmed these checks were in place. All staff signed a declaration to confirm there had been no changes in the previous 12 months as part of the appraisal process.

There was a comprehensive induction programme in place for all new staff to familiarise themselves with how the practice worked. This included ensuring staff were knowledgeable about the health and safety requirements of working in a dental practice such as fire procedures, accident and incident reporting and the use of personal protective equipment. The practice manager met with staff monthly during the induction period to review their progress and to identify any specific training needs.

We looked at the files of two members of staff, one of whom had been recruited in the last 12 months. We found they were well organised and contained appropriate recruitment, employment and training records. Dentists and dental nurses were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice). In addition there was employer's liability insurance which covered all employees working in the practice.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff. The practice maintained a record of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for

fire, health and safety, treatment rooms, sharps, X-ray equipment, domiciliary visits and expectant mothers. They identified significant hazards and the controls or actions taken to manage the risks. All risk assessments were reviewed annually to ensure they were being effectively managed.

The practice had a detailed file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. These were detailed and specific to the running of the practice, dated and regularly reviewed. 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.

The practice had a business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included procedures to follow in the case of equipment failure, environmental events such as flooding or fire and staff illness. The policy contained up to date contact details for staff and support services. Three local practices in the provider group worked together to manage, for example, staff shortages. The provider was able to securely access electronic patient records centrally in the event of difficulties within individual practices.

Ormskirk District Hospital managed the servicing and maintenance of fire detection and firefighting equipment such as smoke detectors and fire extinguishers in the dental practice. The practice manager was informed when annual checks were completed. Evacuation instructions were available in the waiting and reception areas. Staff were knowledgeable about their role in the event of a fire and two were trained as fire marshals.

Infection control

One of the dental nurses was the infection prevention and control lead and they worked with the practice manager to ensure the infection prevention and control policy and set of procedures were understood and followed by staff. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Are services safe?

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We found the treatment rooms and the decontamination suite appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and infection control daily checks for each treatment room which were complete and up to date. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

Decontamination procedures were carried out in a dedicated decontamination suite with separate dirty and clean rooms with a sealed hatch between. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment rooms and the decontamination room which minimised the risk of the spread of infection. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system from dirty through to clean.

The practice routinely used a washer-disinfector machine to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage, then sterilised them in an autoclave (sterilising machine). When the instruments had been sterilised, they were pouched and stored until required. All

pouches were dated with an expiry date in accordance with current guidelines. The practice had systems in place for daily testing of the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted. We also saw that general environmental cleaning was carried out according to a cleaning plan and cleaning materials and equipment were stored in accordance with current national guidelines.

Ormskirk District Hospital carried out legionella risk assessments of the premises regularly and the next risk assessment was due in June 2017. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria colonising water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each week.

Staff completed refresher training regarding infection prevention and control annually. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results indicated the practice was meeting the required standards.

Equipment and medicines

There was a comprehensive system in place to check all equipment had been serviced regularly, including the autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) was carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice stored NHS prescription pads securely in accordance with current guidance, and operated a system for checking deliveries of blank NHS prescription pads.

Are services safe?

Dentists maintained records of the serial numbers for prescriptions issued and void to provide a clear audit trail of safe prescribing and used the British National Formulary to keep up to date about medicines.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to the X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits

were carried out every six months. The results of the most recent audit August 2016 confirmed they were meeting the required standards which reduced the risk of patients and staff being subjected to further unnecessary radiation. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines to ensure they were required and necessary. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance and these were reviewed in the practice's programme of audits. Staff were up to date with their continuing professional development (CPD) training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. We reviewed a number of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. For example, we saw details of the condition of the gums had been assessed using the basic periodontal examination (BPE), and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out where appropriate during a dental health assessment.

Medical history checks were updated at least every 12 months and staff routinely asked patients at every visit if there had been any changes to their health conditions or current medicines being taken. The electronic records ensured that if a patient was taking any medication that might compromise their dental treatment this was flagged up on the computer screen to clinical staff as an alert.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal, antibiotic prescribing and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). Where relevant,

preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and guidance on general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The practice provided patients with a written summary of their BPE scores and what the scores meant, in addition to dentists recommendations regarding home treatments and general oral health advice, for example the type of toothbrush to use.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health. Staff contributed to a health and wellbeing day for students at a local university and attended local schools, nurseries and care homes to advise on maintaining good oral health.

The practice was proactive about providing patients with information about their general health and wellbeing. The practice promoted general public health measures and a national or local campaign was identified each month and information provided to raise awareness for patients attending the practice; for example bowel cancer in April and respiratory diseases in August. We saw information was available for patients in the waiting area and through the quarterly patient newsletter. In addition each treatment room had details of local support groups for patients' health and wellbeing such as bereavement counselling, dementia care and smoking cessation. This helped staff to signpost patients to receive support and information from local services.

Staffing

The practice had five dentists, seven qualified dental nurses, a decontamination nurse and a trainee dental nurse; in addition to a practice manager and two receptionists. The practice was a training practice for dental therapists and currently had four trainee dental therapists working there two days each week. Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted.

All staff had annual appraisals and six monthly reviews at which learning needs and general wellbeing were discussed. The practice had systems in place to support

Are services effective?

(for example, treatment is effective)

staff to be suitably skilled to meet patients' needs. Mandatory training was identified and included basic life support, safeguarding and infection prevention and control. Records showed staff were up to date with this learning. Dentists and dental nurses told us they had good access to training to maintain their professional registration. The practice had extended roles, for example dental nurses were attending training in radiography and in oral health promotion.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. Dental care records contained details of the referrals made and the outcome of the specialist advice.

The practice provided minor oral surgery to patients referred from the West Lancashire area. Following the surgery the practice informed the referring dentist of the outcome of the procedure.

Consent to care and treatment

The practice had a detailed consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Staff described the role family members and carers might have in supporting the patient to understand and make decisions. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The dental care records we looked at showed treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice and commented they were treated with kindness, respect and dignity. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were being seen.

Patients' dental care records were stored electronically. Paper records, such as signed consent forms and updated medical history forms, were scanned into the patient's dental care record prior to shredding. Computers were password protected and regularly backed up to secure storage. Practice computer screens were not overlooked by patients sitting in the waiting area, which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients

with privacy and maintaining confidentiality. Staff had access to training and written guidance regarding information governance, data protection and confidentiality.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Treatment plans and associated costs were discussed with each patient. This gave patients clear information about the different elements of their treatment and the costs relating to them. Patients signed their treatment plan before treatment began. NHS costs were displayed in the waiting and reception areas, in the practice leaflet and on the website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice waiting area had a comprehensive practice information folder and displayed a variety of information including a practice leaflet which detailed the services offered. The practice website also contained useful information to patients such as opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint.

Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Each dentist had appointments available daily to accommodate such requests. A patient's relative we spoke with during the inspection confirmed they had been seen promptly that day for an urgent appointment.

The practice supported patients to attend their forthcoming appointment by having telephone, text and email reminder systems in place. 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.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place to support staff in understanding and meeting the needs of patients. The practice was located on the ground floor of Ormskirk District Hospital with easy access into the building for patients with restricted mobility and families with prams and pushchairs. Disabled toilet facilities were available close to the practice. The practice audited the suitability of the practice annually and the practice manager told us they had support from the Estate's manager within the Hospital to discuss any issues relating to the premises.

Staff had access to a telephone interpreter service to support patients with English as a second language or if it was clear that a patient had difficulty in understanding information about their treatment. An induction loop for patients with a hearing impairment was available within the Hospital if required. Patient leaflets could be made available in a range of formats and print sizes to meet patient needs. Staff had access to training and resources to help them support patients living with dementia.

Access to the service

The practice was open from 8.00am until 6.00pm each week day. Emergency out of hours dental services were provided from 6.30pm until 10.00pm each Tuesday and Thursday evening. The practice displayed its opening hours in their premises, in the practice information leaflet and on the practice website. There were clear instructions in the practice and via the practice's telephone answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to make a complaint was seen in the patient leaflet and in the waiting room. The practice had received 13 complaints in the last 12 months which had been responded to in line with its policy.

Are services well-led?

Our findings

Governance arrangements

The practice manager had day to day responsibility for running the practice and was supported by a senior dental nurse within the practice and senior managers from the provider organisation, Ravat and Ray, to monitor the quality of the service provided. The practice was a member of the British Dental Association's Good Practice Scheme. (The BDA Good Practice Scheme is a framework for continuous improvement run by the BDA). There were lead roles relating to the individual aspects of governance such as responding to complaints, risk management, audit, maintenance of equipment and staff support. Staff were clear about their roles and responsibilities within the practice and of lines of accountability. A Clinical Director provided clinical support for the dentists.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies and procedures were in place and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments and the control measures in place to manage the risks relating to fire, exposure to hazardous substances, domiciliary visits and medical emergencies. We saw that risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance.

There was a comprehensive range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about equality and diversity, data protection and confidentiality. We noted policies and procedures were kept under review on an annual basis and updates shared by the practice manager with staff to support the safe running of the service.

The provider had arrangements in place to ensure that quality and performance from the practice was reviewed each month to improve the service. This included reviewing patient feedback, complaints, audit results and incidents or accidents. Enhanced practice visits were carried out annually by the provider to look at all aspects of quality and performance. Actions were monitored every three months to ensure progress was made.

Leadership, openness and transparency

Effective leadership was provided by the practice manager and from senior managers within the provider organisation, Ravat and Ray. Practice managers from each of the 11 practices within the provider organisation met each month to share information and staff newsletters provided all staff with updates.

There were structured arrangements for effectively sharing information with the dental team, including holding regular meetings which were documented for those staff unable to attend. These included monthly practice meetings for the whole team and dentist or nurse meetings as required. We reviewed the minutes of meetings held since April 2016 and found they covered key issues for the dental practice such as operational updates, staff training, feedback from audits and discussion regarding patient comments.

The practice had a statement of purpose that described their vision, values and objectives of providing high quality dental care to their patients. Staff told us that there was an open culture within the practice which encouraged candour and honesty. The practice manager told us patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

Learning and improvement

There was an extensive rolling programme of clinical and non-clinical audits taking place at the practice to monitor and continually improve the quality of the service. This included infection prevention and control, record keeping, consent and treatment plans and X-ray quality. The practice had discussed the results and identified where improvement actions may be needed.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system. The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. For example the provider held a dental nurse forum every three months and arranged specific training courses for dentists twice each year. There was a comprehensive 12 month training schedule in place to meet the training needs of clinical and non-clinical staff, including mandatory training in areas such as cardio pulmonary resuscitation (CPR), infection prevention and control, health and safety and safeguarding. Training records were maintained for all staff to ensure they had the right skills and experience to carry out their work.

Are services well-led?

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff. They carried out patient surveys every six months and the most recent survey in April 2016 showed a high level of satisfaction with the quality of services provided. Actions were identified to improve the service further and the results of surveys from across the provider organisation were shared. Patients were encouraged to complete the

NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. The latest results showed that patients that 94% of patients would recommend the practice.

The practice held a patient engagement meeting annually to share information and listen to patients' suggestions and concerns. We reviewed the minutes of the most recent meeting in September 2015 which included actions for the practice to take based on patient suggestions.

Staff surveys were carried out annually and staff were supported to make suggestions through the gem scheme, where staff ideas which resulted in improved patient care were identified and actioned across all practices. A patient newsletter was available each quarter to provide information and feedback to patients.