Mac Dental Centre Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 February 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

MAC Dental Centre Ltd is located close to the centre of Macclesfield and comprises a reception and waiting room on the ground floor and a first floor waiting room, five treatment rooms, two of which are situated on the ground floor, a decontamination room, offices, storage and staff rooms. Parking is available to the rear of the practice. The practice is accessible for patients with disabilities at the front and rear entrances.

The practice provides general dental treatment to NHS patients of all ages, and general dental treatment and a range of more complex treatments, for example, dental implants, on a private basis.

The practice is open Monday to Thursday 8.30am to 6.00pm and Friday 8.30am to 5.00pm.

The practice is staffed by five dentists, a business manager, a practice manager, five dental nurses, one of whom is the senior nurse and another three of whom are trainees, a dental therapist and four receptionists.

The principal dentist 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.

Forty people provided feedback on CQC comment cards about the services provided. Every comment was very

Summary of findings

positive about the staff and the service. Patients commented that the practice was clean, hygienic and modern, and they found the staff friendly, considerate and caring. They had trust in the staff and confidence in the dental treatments, and said that they were always given clear, detailed and understandable explanations about dental treatment. Several patients commented that the dentists put patients at ease, have their patients best interests at heart and listen carefully.

Our key findings were:

- The practice recorded and analysed significant events, incidents and complaints and cascaded learning to staff.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were readily available.
- Premises and equipment were clean, secure and properly maintained.
- Infection control procedures were in place and the practice followed published guidance.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Clinical staff were up to date with their continuing professional development and met the requirements of their professional registration.
- Patient's care and treatment was planned and delivered in line with evidence-based guidelines, and current practice and legislation.
- 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.
- The appointment system met the needs of patients and delays were kept to a minimum.
- The practice staff felt involved and worked as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Governance arrangements were in place for the smooth running of the practice and the practice had a structured plan in place to audit quality and safety.

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

- Review the practice's infection control procedures and protocols having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance, specifically in relation to cleaning equipment.
- Review the practice's sharps procedures having due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the current legionella risk assessment and implement the required actions giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's responsibilities in relation to the Control of Substances Hazardous to Health Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.

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.

There were systems in place for identifying, investigating and learning from incidents relating to patient safety.

Staff understood their responsibilities for identifying and reporting potential abuse. Staff were trained in safeguarding and there were policies and procedures in place for staff to follow.

The practice had a recruitment policy and recruitment procedures in place which were in accordance with current regulations.

Risks had been identified and assessed and staff were aware of how to minimise risks.

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

There were arrangements in place for managing medicines, including emergency medicines, to ensure they were stored safely.

There were systems in place to reduce and minimise the risk and spread of infection and the premises and equipment were clean, secure and properly maintained.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant published guidance. The practice monitored patients' oral health and gave appropriate health promotion advice tailored to the patient's individual needs. Dentists explained treatment options and costs to patients to assist them in making an informed decision. Consent was obtained before treatment was commenced.

The dentists referred patients to other services for care in a timely manner.

Staff were registered with the General Dental Council and engaged in continuing professional development, (CPD), to meet the requirements of their registration. Staff were supported through training, appraisals, and opportunities for development.

Are services caring?

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

Patients commented that the staff were caring, polite, and friendly. They told us that they were treated with dignity and respect and their privacy was maintained. Patient information was handled confidentially.

We saw that treatment was clearly explained and patients were provided with written treatment plans.

Patients with urgent dental needs or in pain were responded to promptly and were usually seen by a dentist on the same day.

Are services responsive to people's needs?

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

Summary of findings

Patients had access to appointments and choice of dentists, to suit their preferences, and emergency appointments were available on the same day.

The practice had considered the needs of different groups of people and had made the practice easily accessible to people with disabilities, impaired mobility, and to wheelchair users.

Access to interpretation services was available and a number of the practice staff spoke second languages.

The practice used the skill mix, experience and knowledge of the staff to improve outcomes for their patients.

Information about emergency treatment and out of hours care was displayed at the practice entrance, on the answerphone and contained in the practice leaflet.

The practice had a complaints policy which was displayed in the waiting room and on the practice website.

Are services well-led?

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

The practice had a clear leadership structure in place and shared roles and responsibilities amongst staff. The practice had robust governance arrangements in place and clear policies and procedures which were being followed by staff.

Staff were supported to maintain their professional development and skills. The practice staff met regularly to review all aspects of the delivery of dental care and the management of the practice.

Auditing processes and learning from complaints were used to monitor and improve performance.

Patients and staff were able to feedback compliments and concerns regarding the service and the practice acted on them. Patients commented that the practice took notice of their concerns.

MAC Dental Centre Limited

Detailed findings

Background to this inspection

The inspection took place on 16 February 2016 and was led by a CQC inspector assisted by a dental specialist advisor.

We carried out the inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

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

We also reviewed information we held about the practice.

We visited the NHS Choices website and noted that there were several positive reviews of the practice in the last 12 months.

During the inspection we spoke to the two directors and staff, including dentists, dental nurses, receptionists and patients. We reviewed policies, procedures and other documents and observed some of the procedures in action.

We informed the NHS England area team and Healthwatch that we were inspecting the practice but 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

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013, (RIDDOR), although no reporting had been required.

The practice maintained an accident book which was completed appropriately with details of accidents involving staff.

Staff understood the procedures to follow should things go wrong, and were able to demonstrate this in their handling of incidents and complaints. The practice had a complaints procedure and we saw each the of the four complaints received by the practice in the last 12 months was thoroughly and promptly investigated and issues arising from them were used to inform future practice. Patients were given an explanation and an apology and informed of action taken.

Learning from incidents and complaints was documented and discussed at staff meetings. We were given an example of an incident involving a minor fire. Following the incident staff were updated in fire safety training and procedures. The practice engaged the services of a fire safety agency to advise on improving existing fire safety precautions in the practice and acted on the advice given.

The practice had a system of passing on safety alerts received from the Medicines and Healthcare products Regulatory Agency. These alerts identify problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry. Clinicians were made aware of relevant alerts by the practice manager and we saw evidence that any necessary actions were carried out appropriately. Alerts were also discussed in staff meetings. Copies were retained for reference and all staff had signed to say these had been read.

Reliable safety systems and processes (including safeguarding)

The practice had a whistleblowing policy in place and a policy for safeguarding children and vulnerable adults which included contact details for reporting concerns and suspected abuse. Staff interviewed understood the policy and were aware of how to identify abuse and follow up on concerns. Staff described an example of a safeguarding concern which had been raised and followed up and we saw clear evidence of teamwork to improve the outcome for the patient. Staff were trained to the appropriate level in safeguarding and the directors had lead role responsibilities. We noted the directors were trained to a higher level in safeguarding.

The dentists and dental therapist were assisted at all times by a dental nurse.

The practice maintained dental care records electronically. Each member of staff had their own computer password and computers were backed up daily. Screens in the reception area could not be overlooked ensuring patient's confidentiality was maintained.

We saw evidence of how the practice followed recognised guidance and current practice to keep patients safe. For example, we checked whether dentists used rubber dam routinely to protect the patient's airway during root canal treatment, and we established the practice's policy and protocols for the use of endodontic equipment, and the infection control protocol for surgical procedures, such as implant placement.

Medical emergencies

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary.

We saw records of weekly checks to ensure medicines and equipment were within the expiry dates. Emergency medicines and equipment were stored centrally and were accessible to staff, and staff were able to tell us where they were located.

Staff trained together as a team in cardio pulmonary resuscitation, (CPR), annually, and were aware of the procedure to follow in an emergency. Regular CPR refresher training was carried out in between the annual training, in the form of 'lunch and learn' updates.

Staff recruitment

The practice had a recruitment policy in place, which was in accordance with current regulations, and maintained recruitment records for each member of staff. We were not able to see these records as they were kept off site, however we saw evidence of dental care professionals' registration with the General Dental Council, proof of their indemnity cover and evidence that Disclosure and Barring

checks had been carried out for staff. A master list was maintained which contained details of dental care professionals' registration and indemnity and ensured these were current.

The practice had an induction programme in place. Clinical and non clinical staff confirmed to us that they had received an induction when they started work at the practice. New staff undertook a programme of induction and training before being allowed to carry out any duties at the practice. The lead nurse explained to us that trainee nurses completed several weeks theoretical and practical training. They then undertook a period of supervised work before being allowed to work unsupervised. Several staff in different roles commented that the management and senior staff were very supportive.

Responsibilities were shared between staff, for example the senior nurse was the lead for infection control, clinical audits and training, and the practice manager was the lead for non-clinical audits.

Monitoring health and safety and responding to risks

The practice had arrangements in place to ensure continuing care for patients in the event of potential disruptions to the service. The practice manager was additionally a qualified dental nurse and able to provide cover for unexpected absences. Staff were able to provide cover at either of the provider's practices when required.

The practice maintained a master list of contact details for service engineers, contractors and staff in the event of disruptions.

The practice had an overarching health and safety policy which detailed arrangements to identify, record and manage risks, underpinned by several risk specific assessments, for example, manual handling, radiation and sharps, with a view to keeping staff and patients safe.

The practice had procedures in place to assess the risks from substances in accordance with the Control of Substances Hazardous to Health Regulations 2002, and maintained a file containing details of products in use at the practice, for example, chemicals used for dental treatment. The practice retained the manufacturers' data sheets to inform staff what action to take in the event of a chemical spillage, accidental swallowing or contact with the skin. Measures were clearly identified to reduce risks and included the use of personal protective equipment for staff and patients. The practice's cleaner brought a selection of cleaning products to use in the practice but no risk assessment or manufacturer's data sheets were available in relation to these products. The practice had secure storage facilities for hazardous materials and appropriate signage was displayed.

We saw records of a recent fire risk assessment. Fire alarm testing, fire drills and emergency lighting were tested regularly and we saw evidence of these checks. An electrical installation test had been carried out and gas safety testing had recently been carried out. The practice had a daily fire safety checklist in use and spot checks on fire safety were also carried out regularly.

Infection control

The practice had an infection control policy and associated procedures in place, and the senior nurse was the lead for infection control.

We observed the decontamination process and found it to be in accordance with Health Technical Memorandum 01-05 Decontamination in primary care dental practices, (HTM 01-05). Decontamination of used instruments was carried out in a dedicated decontamination room. Clear zoning separated clean from dirty areas in the treatment and decontamination rooms. Staff used sealed boxes to transfer used instruments safely from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Protocols and procedures were clearly displayed in appropriate areas.

All instruments for the day were delivered to each surgery at the start of the day. We inspected the drawers and cupboards in the decontamination room and treatment rooms where sterilised instruments were stored. Instruments were pouched and dated with the expiry date and items for single use were clearly labelled.

The dental nurse showed us the systems in place to ensure the decontamination equipment was checked daily and weekly, and we saw records of these checks which were in accordance with HTM 01-05.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use, and the decontamination room had sufficient supplies of personal protective equipment for staff. We observed this equipment in use.

Are services safe?

We saw evidence to show that the clinical staff had received a vaccination to protect them against the Hepatitis B virus, and evidence relating to the effectiveness of this vaccination and risk assessments for staff who had not responded effectively to the vaccination. The practice had a sharps injury policy in place and staff described the action they would take should they sustain an injury. The practice had implemented a safer sharps system to dispose of used needles but this was no longer used. Different methods for re-sheathing used needles were being used by the dentists. We saw evidence that some staff had received inoculation injuries.

The practice had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The assessment identified actions which the practice could not confirm had been completed but intended to address this immediately. The dental water lines, suction unit and filters were cleaned and disinfected daily to prevent the growth and spread of Legionella bacteria. Water temperature checks were carried out monthly.

We observed that the practice was clean, tidy and clutter free. Hand washing facilities were available in each of the treatment rooms, decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

The practice employed a cleaner who was responsible for cleaning all areas of the practice except for clinical areas which were the responsibility of the dental nurses. The practice had a cleaning policy and cleaning schedule in place and used a colour coding system to assist with cleaning risk identification in accordance with National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency. We looked in the cleaning equipment storage cupboard and found the mops were stored inappropriately and not in accordance with the practice's cleaning policy.

Staff changing facilities were available and staff were aware of the uniform policy, and we saw staff adhering to this policy.

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

The practice carried out infection control audits annually. We saw evidence from the most recent audits which demonstrated that actions identified had been carried out.

Equipment and medicines

Staff showed us service contracts for the maintenance of equipment, and recent test certificates for decontamination equipment, the air compressor, X-ray equipment, and the clinical fridge. The practice had a current portable appliance test certificate and testing was carried out every two years.

Sharps disposal containers were suitably sited in the clinical areas. The practice's policy stated that dentists were responsible for dismantling and disposing of used sharps. Staff were aware of procedures to dismantle all types of sharp instruments to minimise the risk of injury.

The practice stored NHS prescription pads securely. A prescription log was maintained by each dentist and all prescriptions were accounted for, including void prescriptions. Private prescriptions were printed out when required following assessment of the patient.

The practice returned expired medicines to the waste contractor for disposal.

The premises was light, spacious and well maintained.

Radiography (X-rays)

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

The practice had appointed a Radiation Protection Advisor and one of the directors was the Radiation Protection Supervisor. Staff had completed radiography training where required, however we did not see an up to date radiology training certificate for one of the dentists. The practice provided evidence of this after the inspection. Local rules, and the current test certificate for each X-ray machine, were seen.

Are services safe?

We saw evidence of X-ray audits which demonstrated the practice was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), and patients and staff were protected from unnecessary exposure to radiation.

Dental care records confirmed that X-rays were justified, reported on and quality assured in accordance with IRMER.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dentists carried out consultations, assessments and treatment in line with the Faculty of General Dental Practice, (FGDP), guidelines and General Dental Council guidelines. The dentists we spoke to described how examinations and assessments were carried out. Patients completed a medical history questionnaire which included detailing any health conditions, regular medicines being taken and allergies, as well as details of their dental and social history. Patients' anxiety levels were also recorded. The dentists then carried out a full examination, recorded a diagnosis and discussed treatment options and costs with the patient.

Patients were monitored in follow-up appointments which were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment. The dental care records adhered closely to the FGDP guidance. Medical histories had been updated. Details of the treatments carried out were documented and specific details of medicines used in the dental treatment were recorded which would enable a specific batch of medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine. We saw patients' signed treatment plans. Patients confirmed to us in feedback that their individual needs were taken into account, for example, we saw that appointments could be lengthened should an anxious patient need more time.

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

Health promotion and prevention

We found the practice adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice and information was given in order to improve oral health outcomes for the patient. This included dietary advice and advice on general dental hygiene procedures. Information in leaflet form was also available near the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

All qualified dental care professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental care professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development. We saw evidence that all qualified dental care professionals working at the practice were registered with the GDC.

The practice told us that staff kept records of their own continuing professional development, (CPD), but that copies of CPD certificates were also retained by the practice. We reviewed CPD records and found them to contain a range of CPD, which demonstrated staff kept up to date.

The General Dental Council highly recommends certain core subjects for CPD, including cardio pulmonary resuscitation, (CPR), safeguarding, and infection control. We saw evidence of this training for most staff demonstrating that staff were meeting the requirements of their professional registration, however we did not see documented evidence of core CPD, in the areas of infection control for three of the dentists and CPR for one dentist and one therapist. The practice provided us with evidence of current infection control certificates after the inspection.

The practice used a variety of means to deliver training to staff, for example, online training, manufacturer's seminars and videos, postgraduate deanery courses, 'lunch and learn' sessions and staff meetings. Nurses we spoke to gave examples of training delivered at staff meetings relating to updates in policies and learning from incidents.

The practice carried out staff appraisals annually during which staff training needs were identified, for example, one of the reception staff had expressed an interest in decontamination work and had subsequently been trained to do this. We reviewed the appraisal records and noted these were a two way process with actions clearly identified.

Are services effective?

(for example, treatment is effective)

The practice also provided a training setting for a Foundation dentist. (The Foundation scheme introduces new graduates to general dental practice and provides a protected environment to work in for a year whilst undertaking training to prepare for working in the NHS). The principal dentist supervised the training and the lead nurse was assigned to provide nursing support to the Foundation dentist. The principal dentist had obtained a qualification in clinical teaching.

Working with other services

The practice had effective arrangements in place for internal and external referrals. Patients were referred internally to the hygienist and, for example, if they wished private consultations in relation to implant placement. We saw internal referral forms, for example, from a dentist referring a patient to the therapist. The therapist described the internal referral system and explained how this worked.

The practice referred patients to a variety of secondary care and specialist options where necessary, for example for orthodontic treatment.

Dentists and the dental therapist were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies.

Urgent referrals were made in line with current guidelines.

Referrals were audited weekly by the principal dentist to ensure they were appropriate. A log of referrals was maintained to enable a referral to be traced, and a copy of the referral was scanned to the patient's dental care records.

Consent to care and treatment

The dentist described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Following the initial consultations and assessments, and, prior to commencing dental treatment, patients were given a treatment plan to read prior to treatment commencing. Records were updated with the proposed treatment after this was finalised and agreed with the patient. The signed treatment plan and consent form was scanned to the patients' dental care records. The form and discussion with the dentist made it clear that a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs. The dentists and therapist described how they obtained verbal consent at each subsequent treatment appointment. Patient consent was recorded in dental care records.

Patient feedback confirmed that information on procedures, costs, risks, benefits and options was clear and helpful.

Dentists explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. They told us they allowed patients time to think about the treatment options presented to them.

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken.

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentists gave examples of how they would take mental capacity issues into account when providing dental treatment, which demonstrated their awareness of the MCA. They explained how they would manage patients who lacked the capacity to consent to dental treatment. They told us if they had any doubt about a patient's ability to understand or consent to the treatment they would involve the patient's family and others as appropriate.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed staff interacting with patients in the waiting room and at reception. Staff were friendly and caring towards patients. Feedback given by patients on CQC comments cards and in interviews demonstrated that patients felt they were always treated with respect and kindness and staff were helpful.

A separate room was available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with the dentists and the therapist. Conversations between patients and the dentists and therapist could not be heard from outside the rooms which protected patients' privacy. Patient feedback also identified that staff listened to and acted on concerns.

Staff were clear about the importance of emotional support when delivering care to patients who were nervous of dental treatment. This was confirmed by patients we spoke to and comment cards reviewed which said that this helped make the experience better for them.

Involvement in decisions about care and treatment

Dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. Comment cards we reviewed and patients we spoke to told us care and treatments were always explained in a language they could understand. Information was given to patients enabling them to make informed decisions about care and treatment options. Patients commented that the staff were informative and that information on options for treatment was helpful. Staff confirmed that treatment options, risks and benefits were discussed with patients to assist them in making an informed choice.

NHS and private fee lists were displayed in reception and included on the practice's website. The practice had an extensive range of leaflets available in relation to dental treatments, and information was also available on the practice's website to assist patients with treatment choices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice premises was spacious, well maintained and provided a comfortable environment.

The practice tailored appointment lengths to patients' individual needs and patients could choose from morning, daytime or early evening appointments. Patients could express a preference as to which dentist they saw.

Patients could request appointments by email, telephone or in person. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. Reminders were sent by telephone, text or email, depending on the patient's preferred method of contact if the patient indicated their agreement to this. Patients commented that they found this very useful.

The practice carried out a patient survey to obtain feedback on a wide range of topics and patients were always able to provide feedback.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place and had considered the needs of all population groups served by the practice.

The practice directors had planned and designed the practice taking into account the needs of people with disabilities, impaired mobility, and wheelchair users.

There were two low steps at the front entrance to the practice which were clearly marked. The practice had fitted a handrail and painted the external woodwork in contrasting colours, for example, the door and doorframe, to assist visually impaired people.

The practice had a ramp at the rear entrance for people with disabilities, impaired mobility, and wheelchair users, which could be used with or without assistance. This was signposted from the front of the practice. There was a call bell at the rear entrance to the practice should patients need assistance. An extra-wide parking bay was located at the rear of the building with easy access to the practice via the rear entrance.

The interior of the practice was well lit, with clear signs and use of colour contrast in internal decoration to help distinguish floors, walls, doors and door frames.

The entrance mats were flush with the floors to avoid tripping.

The practice had fitted one of the treatment rooms with double doors allowing wheelchair users, patients with disabilities, and impaired mobility to move around with ease.

One of the ground floor toilets was accessible and had an alarm fitted to call for assistance.

The practice had installed an induction loop system and a section of the reception desk was at an appropriate height to accommodate wheelchair users.

The practice had included clear information on the practice's website regarding accessibility and made provision for patients to arrange appointments by email, telephone or in person.

Staff had access to telephone translation services and several staff at the practice spoke second languages.

The practice used a flagging system on patients' dental care records prompting staff to be aware of specific needs and practice staff proactively followed up children and vulnerable adult patients who repeatedly failed to attend appointments.

Access to the service

The practice opening hours and emergency appointment information were displayed at the entrance to the practice, on the answerphone, in the patient leaflet and on the website. Emergency appointments were available daily. Out of hours information was displayed in the practice leaflet, at the practice entrance and on the website.

Waiting times and delays were kept to a minimum and patients were kept informed of any delay. The practice carried out an audit of waiting times for patients at the end of the year, following feedback from patients that delays were occurring. The practice had put into place a trial scheme which provided a catch up time slot in the morning and afternoon sessions.

Concerns and complaints

The practice had a complaints policy which was outlined in the practice leaflet, displayed in the waiting room, and on the practice's website. The practice manager informed us that verbal and written complaints were recorded and complaints were analysed for trends and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

Information provided prior to the inspection identified that four complaints had been received by the practice in the last 12 months. We reviewed the complaints file and saw that the complaints had been thoroughly and promptly investigated, and responded to in a timely manner in line with the practice's complaints policy. We saw that learning from complaints was shared at staff meetings.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure and governance arrangements in place. Staff we spoke to were aware of their roles and responsibilities within the practice and team work was a priority in the practice. Staff reported that the management staff were approachable and helpful.

Staff told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any concerns. Responsibilities were shared between staff, for example, some staff had lead roles. Staff told us they were allocated time for their lead role responsibilities.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained digitally and securely stored. All computers were password protected and the computer was backed up daily.

The practice had a range of policies and procedures in place and these were regularly reviewed and accessible to staff. We saw evidence that policies and procedures were being followed.

The practice had a recruitment policy and recruitment procedures in place which were in accordance with current regulations.

Quality was monitored by a range of clinical and non-clinal audits. We reviewed clinical audits in relation to infection control, X-rays and record keeping, and non-clinical audits in relation to health and safety, emergency procedures and waiting times and saw actions resulting from these were followed up and re-auditing was carried out. The re-audits demonstrated improvement on previous audit outcomes which contributed to improving quality of care.

The practice had obtained the Investors in People award the British Dental Association Good Practice award.

Leadership, openness and transparency

All the staff we spoke to described an open and transparent culture which encouraged candour and honesty. Staff told us they would be comfortable in raising concerns with their colleagues or practice managers.

The directors had a clear vision for the practice as evidenced in the practice's statement of purpose which we reviewed prior to the inspection. We saw evidence that the practice was delivering care in accordance with the objectives in the practice's statement of purpose.

The directors told us that a variety of systems were in place for supporting communication, including, for example, staff meetings. The practice held regular meetings with dates for these scheduled in advance to maximise staff attendance. When staff were unable to attend the practice manager provided them with an update and we saw evidence that this was carried out. We saw minutes from recent meetings and these covered a range of topics such as learning from incidents, decontamination, and policies. Staff meetings were also used to deliver training, for example, in fire safety. Staff meetings were interactive.

The clinicians also met regularly for peer review and to look at issues, for example, the appropriateness of referrals.

Learning and improvement

We saw evidence that the practice learnt from incidents, audits, and feedback. Information was shared for example in staff meetings and used to inform and improve future practice and management.

The practice had carried out a training needs analysis for the practice as a whole.

Several trainees worked at the practice and they provided further opportunities for all staff to learn, for example, a fire drill was required as part of the trainee dental nurses course and the practice used this as an opportunity for all staff to refresh their knowledge.

There were a number of policies and procedures in place to support staff in improving the services provided.

We saw that dentists reviewed their practice and introduced changes to practice incorporating learning from their peer review meetings.

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

The practice gathered feedback from patients in the form of regular patient satisfaction surveys. We saw evidence that the practice acted on feedback from patients, for example,

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patients commented that they would find a handrail useful at the front entrance and this was put into place by the practice. A water dispenser was also provided for patients in response to feedback.

The practice held regular staff meetings Staff told us that information was shared and suggestions encouraged in these meetings.

Staff reported they were happy in their roles, and management took account of their views. Staff commented that they were well supported by management and colleagues and always able to seek clarification and assistance if they were unsure of any of their duties.