Whitecross Dental Care Limited

Mydentist - Gloucester Yard - Penrith

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 July 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

Mydentist Gloucester Yard is located close to the centre of Penrith, Cumbria and comprises of a reception and waiting room, five treatment rooms, three of which are on the ground floor, a small manager's offices, storage and a staff room on the lower ground floor. Parking is available on nearby streets and in car parks. The practice has some access restrictions to patients with disabilities, impaired mobility and wheelchair users as it is situated on a steep incline directly from the town centre. There is more access from the road above the practice but this is a walk from the town centre. There is no parking for patients at the practice but there is a 'drop off' area outside the practice if patients require this.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The practice opening times are Monday and Tuesday 8.30am to 5.00pm, Wednesdays 8.00am to 5.30pm and Thursday to Friday 8.30am to 5.00pm. The practice also opens on a Saturday from 9.00am to 1.30pm.

The practice is staffed by five dentists, a covering practice manager (who is a trained dental nurse), a dental hygienist, eight dental nurses, seven of whom are trainees, and a member of staff responsible for decontamination. The provider was aware that the qualified dental nurses to trainee dental nurses was not to the accepted level for training support and was

Summary of findings

planning to review this in the next round of dental nurse recruitment. They did confirm to us that a qualified dental nurse would always be available in the practice when it was open. Dental nurses from the neighbouring practice support the Penrith practice is ensure this is maintained. A new practice manager has been appointed for the practice and is due to commence in the role on 11 July 2016.

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 received feedback from 37 patients during the inspection about the services provided. Patients commented that they found the service excellent and that staff were professional, friendly and caring. They said they were always given good explanations about dental treatment and options and that the dentists listened to them. Patients commented that the practice was clean, comfortable and relaxing

Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training and knew the process to follow to raise any concerns.
- Infection control procedures were in place.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Premises and equipment were clean, secure and well maintained.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards and guidance.
- Patients received explanations about their care, proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- We observed that patients were treated with kindness, dignity and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took into account patient feedback.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had effective systems and processes in place to ensure that care and treatment were carried out safely, for example, there were systems in place for the management of medical emergencies, dental radiography and investigating and learning from incidents and complaints. There was guidance for staff on effective decontamination of dental instruments which staff were following; however current guidance was not being followed in relation to the storage of sterilised instruments and the security of the decontamination room.

Staff had received training in safeguarding adults and children and staff knew how to recognise the signs of abuse and who to report them to.

Staff were suitably trained and skilled, and although there were sufficient numbers of staff these were mainly trainee dental nurses. We saw evidence of inductions for new staff and regular appraisals.

The practice had identified and assessed risks and put measures in place to reduce risks. Staff were aware of how to minimise risks. The premises was secure and properly maintained.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator and staff were trained in dealing with medical emergencies.

There were systems in place to reduce and minimise the risk and spread of infection and the premises and equipment were clean. The practice was cleaned regularly and there was a cleaning schedule in place.

We saw evidence that the practice was following current legislation and guidance in relation to X-rays to protect patients and staff from unnecessary exposure to radiation.

Are services effective?

No action

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

Current guidelines were followed in the delivery of dental care and treatment for patients.

Patients received an assessment of their dental needs which included assessing and recording their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and consented to. The practice kept detailed dental records and monitored any changes in the patients' oral health. The practice provided regular oral health advice and guidance to patients. Treatment provided focused on the needs of the individual. Patients were referred to other services where necessary, in a timely manner.

Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Summary of findings

Qualified staff were registered with their professional body, the General Dental Council (GDC). Staff received training and were supported in meeting the requirements of their professional regulator.

Are services caring?

No action

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

Patients commented that staff were caring and friendly. They told us they were treated with respect and they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

Are services responsive to people's needs?

No action

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

Patients had access to appointments to suit their preferences and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and out of hours appointment information was provided at the entrance to the practice and in the patient leaflet.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient. 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.

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users and made the practice more accessible such as a drop off point and a hand rail along the side of the building. Staff had access to interpreter services where patients required these.

The practice had a complaints policy in place which was displayed in the waiting room and provided in the practice leaflet.

Are services well-led?

No action

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

The provider had effective systems and processes in place for monitoring and improving services.

Summary of findings

The practice had a management structure in place. Some staff had lead roles. Staff told us they were aware of their roles and responsibilities within the practice. Staff reported that the provider was approachable and helpful, and took account of their views.

There was a range of policies and procedures in place at the practice, and protocols and procedures were available to guide staff in undertaking tasks. Policies, procedures and protocols were regularly reviewed.

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

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

The practice held regular staff meetings and these were used to share information to inform and improve future practice and gave everybody an opportunity to openly share information and discuss any concerns or issues.

Mydentist - Gloucester Yard - Penrith

Detailed findings

Background to this inspection

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

The inspection took place on 5 July 2016 and was led by a CQC Inspector assisted by a dental specialist adviser.

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

During the inspection we spoke with the dentists, dental nurses and the management team. We reviewed policies, protocols and other documents and observed procedures. We reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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

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

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

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to report, record, analyse and learn from significant events and incidents. Staff described examples of significant events which had occurred and we saw these had been reported and analysed in order to learn from them, and improvements had been put in place to prevent re-occurrence.

Staff had a good understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and when to report. The practice had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

Staff had an understanding of 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 management team in the practice knew when and how to notify CQC of incidents which could cause harm.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and actioned accordingly.

Reliable safety systems and processes (including safeguarding)

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

The practice had a whistleblowing policy in place and staff were encouraged to bring safety issues and concerns to the attention of the provider.

The practice had a policy for safeguarding children and vulnerable adults. Staff we spoke to understood the policy. Staff were trained to the appropriate level in safeguarding and were aware of how to identify abuse and follow up on concerns. Staff described to us examples of concerns which had been reported. We saw the practice had follow-up arrangements in place should children and vulnerable adults fail to attend their dental appointments.

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

We observed the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patient dental care records contained a medical history which was completed or updated by the patient and reviewed by the clinician prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, what was due to be carried out next and details of alternatives. Records were stored securely.

We saw evidence of how the practice followed recognised guidance and current practice to keep patients safe. For example, the dentists told us they routinely used a rubber dam when providing root canal treatment to patients 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. This was documented in the dental records we reviewed where root canal treatment had been undertaken.

Medical emergencies

The registered provider had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training as a team and this was updated annually. Staff described how they would deal with a variety of medical emergencies.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]). We saw records to show the medicines and equipment were checked regularly.

Staff recruitment

No action

Are services safe?

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental hygienist and dental nurses to deliver care in the best possible way for patients.

The registered provider had a recruitment policy and recruitment procedures in place and maintained recruitment records for each member of staff. We reviewed a number of these records and saw most of the prescribed information was present, for example, copies of qualifications and General Dental Council professional registration certificates, where required, and evidence that Disclosure and Barring checks had been carried out where appropriate.

We saw evidence of indemnity insurance for the dental nurses, however it was difficult to review this information due to the lack of organisation in staff files. Staff employment records were stored in locked cupboards which did prevent unauthorised access.

Monitoring health and safety and responding to risks

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

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

We saw evidence of a control of substances hazardous to health (COSHH) risk assessment and associated procedures. Staff maintained a file containing details of products used at the practice and retained details to inform staff what action to take in the event of a chemical spillage, accidental swallowing or contact with the skin. Measures were identified to reduce risks, for example, the use of personal protective equipment for staff and patients and the secure storage of chemicals. Safety and warning signs were displayed appropriately.

We saw the practice had carried out a sharps risk assessment and implemented a range of measures to mitigate the risks associated with the use of sharps, for example, a sharps policy identifying responsibility for the dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal. The provider had also implemented a safer sharps system to dispose of used needles. The sharps policy also detailed procedures to follow in the event of a sharps injury. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received a vaccination to protect them against the Hepatitis B virus. The practice's infection control policy required proof from clinical staff of the effectiveness of the vaccination. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive these vaccinations to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out in December 2012. We were told this risk assessment was due for renewal due to the internal changes to the practice.

The provider had arrangements in place to manage and mitigate the risks associated with fire, for example, safety signage was displayed and firefighting equipment was available and services were in date. Fire drills were carried out regularly. Portable Appliance Testing (PAT) was undertaken in June 2016 and the whole electrical system for the building was performed in September 2015 and a repeat inspection was not required for five years. PAT is the name of a process under which electrical appliances are routinely checked for safety.

Infection control

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

One of the nurses had a lead role for infection prevention and control and there was a dedicated member of staff responsible for the decontamination of the dental instruments. We saw training had been provided in infection prevention and control.

We saw evidence the practice undertook infection prevention and control audits six monthly. Actions were identified in the audits. There were control measures in place to address these.

No action

Are services safe?

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

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05). The practice had a dedicated decontamination room which was lockable; we observed that the door was left open. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting and sterilising instruments to minimise the risk of infection.

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

Changing facilities were available and staff wore their uniforms inside the practice only. We observed that appropriate personal protective equipment was worn during the decontamination process.

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). Actions were identified in the assessment and these had been carried out, for example, we saw records of checks and testing on water temperatures, which assisted in monitoring the risk from Legionella. The dental water lines and suction unit were cleaned and disinfected daily, in accordance with guidance, to prevent the growth and spread of Legionella bacteria.

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

The practice had an environmental cleaning policy and procedures in place. The practice had a cleaning schedule in place identifying specific tasks to be undertaken. The practice 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 observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. Cleaning equipment was stored appropriately.

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

Equipment and medicines

We saw evidence the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice by having appropriate risk assessments and control measures in place.

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

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment, the air compressor and the X-ray machines.

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

We saw that the practice was storing NHS prescription pads securely and in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. We saw the dentists maintained records of the serial numbers of prescriptions issued. Private prescriptions were printed out when required following assessment of the patient.

Radiography (X-rays)

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

The provider had appointed a Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS). We did not see evidence that the Health and Safety Executive (HSE) had been notified of the use of X- ray equipment on

No action

Are services safe?

the premises; however the covering practice manager contacted the support centre immediately and have since been issued with a email that showed that the HSE were notified in 2009.

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

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

We saw evidence of regular auditing of the quality of the X-ray images 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 IR (ME) R, current guidelines by the Faculty of General Dental Practice (FGDP) of the Royal College of Surgeons of England and national radiological guidelines.

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

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

We looked at 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. We saw patients' signed treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that dentists explained treatment and alternatives to them clearly.

We saw evidence the dentists used current National Institute for Health and Care Excellence (NICE) 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 saw staff 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 to the patients in order to improve health outcomes for them. This included advice on dental hygiene procedures, diet and lifestyle. Where appropriate fluoride treatments were prescribed.

Adults and children attending the practice were advised during their consultation of steps to take to maintain good oral health. Tooth brushing techniques were explained to them in a way they understood. The dental care records we observed confirmed this. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

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

The practice had a training plan in place which outlined details of training for staff and included the mandatory General Dental Council (GDC) topics, health and safety and a variety of generic and role specific topics. We saw the dental nurses were supported to meet the requirements of their professional registration.

The practice used a variety of training methods to deliver training to staff, for example lunch and learn sessions and online learning.

New staff and trainees undertook a programme of training and supervision before being allowed to carry out any duties at the practice unsupervised.

The practice carried out staff appraisals regularly and were implementing a schedule of appraisal for dentists. Staff confirmed appraisals were used to identify training needs. Staff we spoke to were aware of their own abilities and competencies and confirmed all their colleagues were supportive.

All qualified dental professionals are required to be registered with the GDC, in order to practice dentistry. To be included on the register dental professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development, (CPD). We saw the qualified dental professionals were registered with the GDC.

The GDC highly recommends certain core subjects for CPD, such as cardio pulmonary resuscitation, (CPR), safeguarding, infection prevention and control and radiology. Checks to ensure dental professionals were up to date with their core CPD were carried out by the practice for dental nurses but not for the dentists. CPD checks were managed in the resourcing department of the corporate provider for the locum dentists. We reviewed a number of training records for the dental nurses and found these

No action

Are services effective?

(for example, treatment is effective)

contained a variety of CPD, including the core GDC subjects, and a wide range of other subjects demonstrating that they were meeting the requirements of their professional registration.

Working with other services

The practice had effective arrangements in place for referrals. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment which was out of their scope. Clinicians referred patients to a variety of secondary care and specialist options where required. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

We saw examples of internal referrals, for example, to the dental hygienist and these followed recognised guidelines.

Consent to care and treatment

The clinicians described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians 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.

NHS treatment costs were displayed in the waiting room. A range of information on dental treatments and oral health was available in the waiting room to assist patients with treatment choices.

The dentists explained they would not normally provide treatment to patients on their examination appointment unless they were in pain or their presenting condition dictated otherwise. We saw the dentists allowed patients time to think about the treatment options presented to them.

The clinicians 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 dentists demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentists we spoke to had an understanding of the MCA and we saw that staff had received training in the MCA.

No action

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring and helpful. The practice had a separate room available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that the doors were closed at all times when patients were with the clinicians. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards that staff put them at ease.

Involvement in decisions about care and treatment

The 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. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people. The practice was well maintained and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained to a high standard.

We saw the practice tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon or evening appointments. Patients were given a choice as to which dentist they attended.

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

We saw the views of patients were collected and used to inform the planning and delivering the service via regular comprehensive patient surveys. We saw that patients' views were taken into account, for example, the provider told us the practice had a number of patients who communicated via British Sign Language, (BSL), so staff arranged for BSL interpreters to attend their dental appointments with them.

Tackling inequity and promoting equality

The practice had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users, and had made adjustments to assist these people.

The practice was not easily accessible to people with disabilities, impaired mobility and to wheelchair users. Parking was available on nearby streets and in car parks. The path leading up to the surgery was very steep but railings were in place to assist people to access the practice. There was easier access from the road above the practice but this was a distance from the town centre. There is no parking for patients at the practice but there is a 'drop off' area outside the practice if patients require this. Staff provided assistance should patients require it. The waiting room, reception and three of the treatment rooms were situated on the ground floor.

Toilet facilities were situated on the ground floor and were accessible to people with disabilities, impaired mobility, wheelchair users and patients with prams.

The provider offered interpretation services to patients whose first language was not English and to patients with impaired hearing.

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

Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours and out of hours appointment information were displayed at the entrance to the practice and provided in the practice leaflet. Emergency appointments were available daily. We observed that patients were kept informed of delays.

Concerns and complaints

The practice had a complaints policy and procedure which was displayed in the waiting room and provided in the practice leaflet. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were included.

We saw that complaints were promptly and thoroughly investigated and responded to.

No action

Are services well-led?

Our findings

Governance arrangements

The practice had a covering practice manager in place and some staff had lead roles. We saw that staff had access to suitable supervision and support in order to undertake their roles effectively, and there was clarity in relation to roles and responsibilities. A new practice manager had been appointed and was due to commence in the role on the 11th July 2016.

The provider had systems and processes in place for monitoring and improving the services provided for patients and these were operating effectively.

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

The provider had arrangements in place to ensure that quality and performance were regularly considered and used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback, audits and complaints. The practice undertook a range of clinical and non-clinical audits, for example, medical history taking, dental care records and patient satisfaction.

The provider had a training plan in place which supported staff in meeting the requirements of their professional registration. Dental care professionals' core continuing professional development, (CPD), was monitored by the provider to ensure they were meeting these requirements.

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

Leadership, openness and transparency

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

The practice held staff meetings every month. We saw recorded minutes of the meetings and noted that items discussed included clinical and non-clinical issues, and training updates were provided, for example, in relation to safeguarding.

The provider operated an open door policy and staff we spoke to said they could speak to the manager or principal dentists if they had any concerns and that all were approachable and helpful.

Learning and improvement

The provider used quality assurance measures to encourage continuous improvement, for example, auditing. The practice had a structured plan in place to audit quality and safety beyond the mandatory audits for infection prevention and control and X-rays. We saw that actions resulting from auditing were carried out, for example, there was evidence of discussion of audit findings in staff meetings. We saw the audit process was functioning well. Audits we saw had clearly identified actions and we saw that these were carried out.

The provider gathered information on the quality of care from a range of sources including patient feedback and the NHS Friends and Family Test and used this to evaluate and improve the service.

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

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

We saw that people who use the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, and carried out regular structured patient surveys.

We were told staff could provide feedback to the provider at any time. Staff were encouraged to provide suggestions during staff meetings. Staff we spoke to said that suggestions for improvements to the service were listened to and acted on.

Staff told us they felt valued and involved.