Oak House Practice Limited

The Square Advanced Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 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

The Square Advanced Dental Care is located in the centre of Hale Barns and comprises a reception and waiting room, two treatment rooms, a decontamination room, an office and storage and staff rooms. All rooms are situated on the first floor, accessible by stairs or a lift. Parking is available to the rear of the practice.

The practice provides general dental treatment and a range of more complex treatments, for example, implants and orthodontic treatment, to private patients. It also operates as a referral practice, accepting patients referred from other dental practices for specialist treatment on a private basis.

The practice is open

Monday 9.00am to 5.30pm

Tuesday 8.30am to 7.30pm

Wednesday 9.30am to 8.00pm

Thursday 9.00am to 5.30pm

Summary of findings

Friday 8.45am to 5.30pm

Saturday by appointment

The practice is closed for lunch between 1.00pm and 2.00pm.

The practice is staffed by seven dentists, a practice manager, four dental nurses, one of whom is the senior nurse, and another, the treatment co-ordinator, a dental therapist and a receptionist. There are two visiting dentists who provide ad hoc sessions as required.

One of the directors 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.

Nine people provided feedback about the services provided. Feedback reflected very positive comments about the staff and the service. Patients commented that the practice was clean and hygienic, and they found the staff friendly, considerate and caring. They had trust in the staff and confidence in the dental treatments, and said explanations were clear, detailed and understandable.

Several of the dentists deliver the MSc course in Restorative Dentistry under their separate training company in conjunction with The University of Chester, and are involved in teaching on this course.

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 frequency of checks on medical emergency equipment in line with Resuscitation Council UK guidelines, and review procedures for stock control of medicines.
- Review the storage of cleaning equipment.
- Devise a method of checking and recording that visiting dental professionals have completed continuing professional development training in core subjects.

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.

Several of the dentists in the practice were specialists in their fields, some in several fields, and held hospital consultant, and academic and teaching posts, in addition to providing dental treatment at the practice.

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. However the cleaning cupboard was cluttered and mops were inappropriately stored.

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 before treatment was carried out. Patients reported that information provided was excellent. Consent was obtained before treatment was commenced.

The practice accepted referrals internally from colleagues and from other dental practices. When required 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. Training and the skill mix of staff were core to provision of the service.

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. Reception staff anticipated patient's individual needs and accommodated them.

Summary of findings

We saw that treatment was clearly explained and patients were provided with written treatment plans. Patients commented they felt they were treated with great skill.

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.

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

The practice was accessible to people with disabilities, impaired mobility, and to wheelchair users by means of a lift. Treatment rooms were accessible and there was an accessible toilet.

Access to interpretation services was available. The practice leaflet included information about access.

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, on the practice website and outlined in the practice leaflet.

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.

The Square Advanced Dental Care

Detailed findings

Background to this inspection

The inspection took place on 9 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, and details of staff qualifications and proof of registration with their professional body.

We also reviewed information we held about the practice.

During the inspection we spoke to one of the directors and staff, including the practice manager, dental therapist, dental nurses, a receptionist 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 a clear understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013, (RIDDOR), although no reporting had been required. Staff had looked at reporting in detail and specifically looked into what constitutes a significant event, in order to increase staff understanding of this. The practice proactively implemented measures to minimise the risks of significant events occurring.

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

Staff understood procedures to follow should things go wrong, and were able to demonstrate this in their handling of incidents and complaints. We saw examples of two complaints received by the practice in the last 12 months. Both complaints were 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 misplaced item of laboratory work. This was discussed in the practice and with the laboratory, and improved procedures and communications were implemented to minimise the chance of this happening again.

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 these were actioned appropriately. Alerts were also discussed in staff meetings.

Reliable safety systems and processes (including safeguarding)

The practice had a whistleblowing policy in place and a policy for safeguarding children and 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 were trained to the appropriate level in safeguarding and the practice manager had lead role responsibilities.

The practice provided treatment for some patients from outwith the area and staff had considered how to refer safeguarding concerns in relation to these patients. Contact details for local safeguarding teams in the areas in which these patients resided had been obtained. The practice were aware of changes in safeguarding within their local safeguarding team and showed us evidence that they were in regular contact with the local team and kept all staff updated. The practice had a comprehensive and easy to follow flowchart of action to take in cases of suspected abuse, including contact details, which was accessible to staff.

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 a rubber dam routinely to protect the patient's airway during root canal treatment, and we established the practice's policy and protocols in relation to surgical procedures.

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 monthly checks to ensure the medicines and equipment were within the expiry dates. Emergency medicines and equipment were stored centrally and 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 random scenarios. Staff described to us how

they would deal with a number of medical emergencies, and provided us with an example of how they had dealt with a recent medical emergency involving a patient in the practice. We saw evidence that learning from this event was on the agenda at the subsequent staff meeting.

Staff recruitment

The practice had a recruitment policy which reflected current regulations, and maintained recruitment records for each member of staff. We reviewed a sample of staff recruitment records and found evidence that the recruitment policy was operating effectively. Recruitment records were audited twice yearly, for example, to ensure staff were currently registered with the General Dental Council. We saw evidence of these audits.

The practice had an induction programme for all new staff and we saw evidence to demonstrate staff had received an induction.

The director explained to us that they planned the service to utilise a skill mix to deliver care in the best possible way for the patient and maximise outcomes for patients, for example, some of the dentists were on the specialist lists of the General Medical Council for oral and maxillofacial surgery, and some of the dentists were on the specialist lists of the General Dental Council, for oral and maxillofacial surgery, endodontics and prosthodontics. Some of the dentists were specialists in several of these disciplines. The practice manager was also a qualified dental nurse and had an additional qualification in dental sedation nursing; another of the dental nurses also held the qualification in dental sedation nursing, and some of the dental nurses held qualifications in impression taking and oral health education. The practice had several permanent dentists who delivered care on a sessional basis, but also utilised the skills of visiting dentists to deliver care in other areas, for example, a sedationist. This enabled the practice to offer the same range of dental treatments to very nervous patients.

The clinical staff we spoke to were aware of their own abilities and strengths and those of their colleagues, and worked together and utilised their skill mix to maximise outcomes for patients.

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. These included an arrangement with a local practice to manage short term disruptions, and provision to set up a mobile unit at the rear of the practice for longer term disruptions. The practice manager was also a qualified dental nurse and able to provide cover for unexpected absences.

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 all products in use at the practice, for example, chemicals used for dental treatment and cleaning materials. 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 such risks and included the use of personal protective equipment for staff and patients. Hazardous materials were stored safely and securely 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 certificate was pending on the day of the inspection.

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.

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 were equipped with sufficient supplies of personal protective equipment for staff and patient use, and the decontamination room was equipped with sufficient supplies of personal protective equipment for staff. We observed this equipment in use.

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. The practice had a sharps injury policy in place and staff were able to describe the actions they would take should they sustain an injury.

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 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, and regular microbiological testing was carried out on the water treatment equipment to monitor the risk from Legionella.

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 clinical areas which were the responsibility of the dental nurses. The practice had implemented a cleaning policy, and a cleaning schedule was in place which identified areas to be cleaned on a daily, weekly and monthly basis. 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 looked in the cleaning equipment storage cupboard and found the mops were stored inappropriately and the cupboard was cluttered which created difficulty in accessing equipment.

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 six monthly. We saw evidence from the most recent audits which demonstrated that actions had been carried out.

Equipment and medicines

Staff showed us service contracts for the maintenance of equipment, and recent test certificates for sedation equipment, decontamination equipment, the air compressor and X-ray equipment.

The practice had a current portable appliance test certificate and testing was carried out annually.

The practice used a safe syringe system to avoid used needles being re-sheathed, and sharps disposal bins were suitably sited in the clinical areas. Staff were aware of procedures to dismantle all types of sharp instruments to minimise the risk of injury.

Prescriptions were printed out where required following assessment of the patient.

The practice returned expired medicines to the local pharmacy.

The practice had a visiting dentist who provided inhalation sedation and intra-venous sedation at the practice for patients who were very nervous about having dental treatment, and patients who required complex dental work

such as the provision of dental implants. We found that the practice had put into place robust governance systems in relation to the provision of conscious sedation, for example, three monthly audits of all sedation processes and procedures. The systems and processes we observed were in accordance with the guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

We looked at the governance systems supporting sedation. These included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, patient's checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions, and staff training.

We found that patients were appropriately assessed for sedation. We saw evidence in the dental care records to show that all patients undergoing sedation had the recommended checks carried out prior to sedation. These included a detailed medical history, blood pressure and an assessment of health in accordance with current guidelines. The records demonstrated that during the sedation procedure patients were monitored at regular intervals. Checks included pulse rate, blood pressure monitoring, breathing rates and the oxygen saturation of the blood. This was carried out using specialised equipment including a pulse oximeter which measures the patient's heart rate and oxygen saturation of the blood.

The dental nurse responsible for stock control showed us the recording system for the prescribing, storage, stock control and recording of medicines used in the provision of conscious sedation. This included the reversal agent for the sedative. The sedationist brought a full sedation kit to each sedation session but a back up for some items was kept at the practice. We checked the back up items and found one item, the reversal agent, was past the expiry date. The practice manager removed this immediately. We found that the dose and amount of medicine prescribed along with the batch number and expiry date were always recorded in the patient's dental care records.

Radiography (X-rays)

The practice had a well maintained 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. Local rules, and the current test certificate for each X-ray machine, were displayed adjacent to the X-ray machines in the treatment rooms and X-ray rooms.

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 dentist 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 also completed a checklist detailing any concerns they had with their teeth which assisted in capturing the patient's expectations and helped dentists to provide the most appropriate care and treatment. 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 always 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 an evidence-based toolkit 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 the outcome for the patient. This included dietary advice and advice on general dental hygiene procedures. Information in leaflet form was also available in the waiting room in relation to smoking cessation and improving oral health.

Products such as toothbrushes and high fluoride toothpaste were available for patients to purchase at the practice.

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 subjects for CPD, including cardio pulmonary resuscitation, (CPR), safeguarding, and infection control. We saw evidence of this training in the staff records 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 CPR and safeguarding for one of the dentists. We were assured the dentist had carried out the training, and the practice manager immediately requested copies of current certificates from the dentist concerned.

The practice operates as a referral practice for specialist dental treatment. Most of the dentists are on the General Dental Council specialist lists, some multi disciplinary, and hold hospital consultant positions. We saw evidence to demonstrate that these dentists had undertaken extensive postgraduate training and research, and were very experienced in their specialisms. Several dentists held

Are services effective?

(for example, treatment is effective)

teaching and educational appointments, for example, examiners for dental degree students. The dentists provided lunch and learn sessions for local practices to share knowledge and experience.

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.

New staff undertook a programme of induction and training before being allowed to carry out duties.

The practice carried out staff appraisals annually during which staff training needs were identified, for example, one of the reception staff had requested to undertake further training in customer service and was currently undertaking this training. We reviewed the appraisal records and noted these were a two way process.

Working with other services

The practice operated as a referral practice providing specialist treatment to patients referred from other dental practices, and for patients referred internally from colleagues within the practice, in a wide range of specialities. When a referred patient's treatment was completed, follow up information was provided to the patient's general dentist to ensure the best continuing care and outcome for the patient. We saw an example of an issue whereby a misunderstanding had arisen as to whether the referral practice should have carried out all treatment for the patient. We saw evidence that the matter was appropriately investigated, an apology given to the referring dentist, and the practice improved its own guidelines and communication procedures to avoid similar incidents in the future.

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 practice. 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.

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 detailed treatment plan and findings report to read. 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 a detailed explanation of the type of treatment, including the alternative options, risks, benefits and costs. The dentist and therapist described how they obtained verbal consent at each subsequent treatment appointment. Patient consent was recorded in dental care records.

We saw examples of consent forms for more complex procedures, for example, implants and sedation. These provided clear details of the procedure, risks and instructions. Patient feedback confirmed that information on procedures, costs, risks, benefits and options was clear and comprehensive.

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 dentist 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. We saw the practice had produced an easy to follow MCA checklist to assist staff in assessing patient's capacity.

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 comments cards and in interviews demonstrated that patients felt they were always treated with respect and kindness and staff were helpful. Several patients feedback that they were cared for with great skill.

A separate room was available for patients who wanted 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. Reception staff described how they checked their patient list in advance and were therefore able to anticipate the particular needs of patients and how they liked to be looked after, for example one patient preferred a specific chair and reception staff ensured this was placed in the waiting room in advance of the appointment, another patient was extremely nervous and was given support and re-assurance by reception staff.

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 very informative and that information on options for treatment was excellent and detailed. Staff confirmed that treatment options, risks and benefits were discussed with patients to assist them in making an informed choice.

A patient information folder was available in the waiting room which included comprehensive details of treatments in text and photographs. A fee list was displayed in reception. The practice also had a comprehensive new patient information booklet which included details of all staff. The practice was producing this in a new format to include clinician information on a insert which would allow them to tailor the booklets specifically to individual patients. 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 and evening appointments. There were also appointments available on Saturday mornings by arrangement. The practice scheduled complex surgical treatment and sedation on Saturdays to create a calmer atmosphere for the patients and avoid distractions and interruptions, for example phones ringing.

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, letter, 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 offered private treatment under a monthly planned payment scheme or a facility to pay for a one off private treatment, and the costs were clearly displayed, and outlined in the practice leaflet.

The practice carried out a quarterly patient survey to obtain feedback on a wide range of topics and patients were always able to provide feedback, for example, patients commented there was only one day for endodontic appointments, following which the practice put in place a further session. Patients had also requested more access to orthodontic appointments hence the practice were looking at the possibility of providing further sessions.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place which staff were aware of. The practice had a lift for patients with disabilities, impaired mobility, and wheelchair users, which could be used with or without assistance. There was a buzzer at the entrance to the practice for patients to alert staff if they required assistance. A section of the reception desk was at an appropriate height to accommodate wheelchair users and there was an accessible toilet near reception.

There was clear information in the practice leaflet regarding accessibility and the practice made provision for patients to arrange appointments by email, telephone or in person.

Staff also had access to telephone translation services.

Access to the service

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

Waiting times and delays were kept to a minimum and patients were kept informed of any delay. The practice recently carried out an audit of waiting times. Staff were not always using the computer software programme in the best way to log patients in when they arrived, were taken in for treatment, and completed their treatments. Staff were provided with further training and a procedure was produced for display in reception to remind staff of the patient arrival procedure which improved waiting times.

Concerns and complaints

The practice had a complaints policy which was outlined in the practice leaflets, displayed in reception and on the website. However, no details were included in the practice leaflet as to how patients could take complaints further if they were not satisfied with the response from the practice, in accordance with General Dental Council guidelines.

The practice manager informed us that verbal and written complaints were recorded and complaints were analysed for trends and concerns. Information provided prior to the inspection identified that two 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 and professionalism were priorities in the practice. Staff reported that the managers were approachable and helpful. The practice was working towards the British Dental Association Good Practice award.

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. 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. A master list of review dates was maintained by the practice manager to enable staff to see which policies were due for review each month.

The practice had a recruitment policy and recruitment procedures in place which were in accordance with current regulations. Staff recruitment records were stored securely and adhered to the recruitment policy closely.

The practice had a quality policy outlining for example what patients can expect in their assessments. Dental care records evidenced this was being followed. The practice had implemented quality standards for example, staff appearance and welcoming patients and we observed these in action.

Quality was also monitored by a range of clinical and non-clinical audits. We reviewed clinical audits in relation to infection control, X-rays and record keeping, and non-clinical audits in relation to waiting times, recruitment files, medicines, waste, sedation, hand hygiene, and first aid 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 manager explained that where audit results were unacceptable, the practice policy was to put improvement measures in place and re-audit shortly afterwards. We saw evidence of this in the recent cleaning audit results. Findings were discussed with staff and re-auditing showed significant improvement. A 100% score was obtained in the subsequent scheduled quarterly audit.

The practice website did not reflect the current staff in that two dentists no longer worked at the practice and one dentist now working at the practice was not included. We were assured this would be updated in the near future to reflect these changes.

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 and they felt they would be listened to and any action taken would be appropriate.

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 director and manager told us that a variety of systems were in place for supporting communication, including, for example, staff meetings and suggestions boxes. The practice held regular nurses meetings, clinicians meetings and full staff meetings with dates for full meetings scheduled in advance to maximise staff attendance. We saw minutes from recent meetings and these covered a range of topics areas such as learning from incidents, decontamination, policies, and patient feedback.

The senior staff and directors met weekly to discuss practical issues and for forward planning purposes, for example, to plan and discuss cases scheduled for the following week and ensure staff were fully briefed and specialist equipment was available.

Are services well-led?

The practice had a mobile phone communications app account and staff were able to communicate practical reminders, for example, to arrive earlier for stock deliveries, and were able to see which staff had read the message using the notification system on the app.

Learning and improvement

Staff reported there was a culture of learning in the practice which encouraged continuous improvement. Several clinicians were specialists and involved in teaching, and knowledge and experience were openly shared and used as a means for all to learn.

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

The practice gathered feedback from patients in the form of a quarterly patient satisfaction survey. The most recent one concluded that patients were very satisfied with the service and no issues were raised for the practice to address.

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