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S Owen & Associates

Inspection Report

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Date of inspection visit: 15 March 2017
Date of publication: 06/04/2017

Overall summary

We carried out an announced comprehensive inspection on 15 March 2017 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

S Owen & Associates dental practice is in the Herefordshire market town of Leominster, close to the town centre. It provides 98% NHS dental treatment for all age groups and a very small amount of private dental treatment. The practice has been established in Leominster for over 20 years moving to new purpose built premises in 2006. The premises are owned by the NHS and managed by NHS Property Services which charges the practice for maintenance arrangements. There is an NHS Dental Access Centre in the same building.

In January 2016 the Department of Health (DH) announced the launch of a prototype process as the next stage in the reform of NHS dentistry. S Owen and Associates is one of 82 practices in England selected to take part in the Dental Prototype Agreement Scheme. They are testing new ways of providing NHS dental care with an increased emphasis on preventing future dental disease.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual and is therefore a 'registered person'. 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.

The practice has six dentists (including the principal dentist), a senior dental nurse, three dental nurses and two trainee dental nurses. The clinical team are supported by a practice manager and two reception staff.

The practice has four dental treatment rooms and a separate decontamination room for the cleaning,

Summary of findings

sterilising and packing of dental instruments. The chairs in the spacious waiting room are away from the reception area which helps provide privacy when staff are dealing with patients. The design of the building provides full access for patients with disabilities. The adjacent public car park has designated spaces for patients with disabilities.

The practice is open from 9am to 5pm Monday to Friday and closes for lunch from 1pm to 2pm.

Before the inspection we sent Care Quality Commission comment cards to the practice so patients could give us their views. We collected 21 completed cards which provided a consistently positive view of the standard or care and treatment provided. Patients spoke highly of the practice team who they described as caring, warm, respectful and thorough. Patients who commented about this confirmed that their dentist listened to them and explained their treatment clearly. Patient feedback was positive about standards of cleanliness. The results of the practice's 76 NHS Friends and Family Test forms completed during the previous six months were positive and showed that 91% of the patients who took part were extremely likely and 8% were likely to recommend the practice.

Our key findings were:

- The practice was visibly clean and feedback from patients confirmed this was their experience. National guidance for cleaning, sterilising and storing dental instruments was followed. The cleaning company responsible for cleaning the floors and non-clinical areas was not carrying out all of its duties satisfactorily.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had arrangements for dealing with medical emergencies.
- Dental care records provided clear information about patients' care and treatment and patients received written treatment plans where necessary.
- Staff received training appropriate to their roles and were supported to meet the General Dental Council's continuous professional development requirements.
- Patients were able to make routine and emergency appointments when needed and gave us positive feedback about the service they received.
- The practice used the NHS Friends and Family Test, to enable patients to give their views about the practice. Staff had opportunities to contribute their views through daily discussions, staff meetings and annual appraisals.
- The practice had policies and procedures and other documentation to help them manage the service.
- The practice used audit as a means to monitor quality in a range of areas and used repeat audits to support continuous improvement.

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

- Review information kept at the practice in respect of the products used with reference to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 to assure themselves that all documentation is up to date.
- Review arrangements for monitoring those services not directly managed by the practice to assure themselves that these are being carried out satisfactorily.
- Review the business continuity plan to include a broader range of events which would disrupt the service.

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 systems to assist in the safe management of the service including the care and treatment provided to patients. This included processes to discuss and make improvements if anything went wrong.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. Although the practice was visibly clean, the cleaning company responsible for cleaning the floors and non-clinical areas was not carrying out all of its duties satisfactorily.There were policies and risk assessments for important aspects of health and safety. The business continuity plan did not cover a full range of events that could disrupt the normal running of the practice. There was no information to show the practice had reviewed its COSHH assessments and product data sheets.

The staff recruitment policy and procedures did not include details of the information needed when staff were employed. The practice addressed this during the inspection.

Medicines and equipment for responding to medical emergencies were available and staff received training in how to respond to an emergency.

Staff were aware of their responsibilities for safeguarding adults and children. The practice had safeguarding policies and procedures and contact information for local safeguarding professionals.

Are services effective?

No action

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

The practice assessed patients' and care and treatment in a personalised way taking into account current legislation, standards and evidence based guidance. The practice was involved with an NHS project exploring new ways of providing NHS dental care. They said this supported and enhanced their commitment to preventative dentistry.

The practice provided patients needing treatment with written treatment plans. Appropriate NHS forms were used for consent and for treatment plans. Patient feedback confirmed that their care was discussed with them clearly and thoroughly. Referrals to other dental or NHS services were made in line with relevant guidance and the practice worked in partnership with other health professionals.

Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration.

Staff understood the importance of obtaining informed consent from patients. The dentists worked in accordance with relevant legislation and guidance relating to children, young people and adults regarding this.

Summary of findings

Are services caring?

No action

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

Patients were positive about the care and treatment they received. They described staff as warm and respectful and were complimentary about the helpful and caring approach of the whole team.

The results of the practice's 76 NHS Friends and Family Test forms completed during the previous six months were positive and showed that 91% of the patients who took part were extremely likely and 8% were likely to recommend the practice.

The practice was aware of the importance of confidentiality and this was covered in practice policies and staff training. The chairs in the spacious waiting room were away from the reception area which helped provide privacy when staff dealt with patients. Other rooms were used if a conversation needed more privacy.

We saw that staff dealt with patients professionally and were helpful, welcoming and polite. Patient feedback confirmed that the dentists listened to them and explained their treatment clearly.

Are services responsive to people's needs?

No action

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

The patient feedback we reviewed confirmed that patients received a personalised service that met their needs.

The design of the building provided full access and suitable facilities for patients with disabilities. The adjacent public car park had designated spaces for patients with disabilities. Translation services were available if needed.

The practice had out of hours arrangements so patients could obtain urgent as well as routine treatment when they needed.

The practice had a complaints procedure and responded to complaints promptly and constructively. Information about this was available in the practice information leaflet.

Are services well-led?

No action

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

The practice had policies, procedures and risk assessments to support the management of the service. Some policies and other documentation were overdue for review. Audits were used to assist the principal dentist in managing and monitoring the quality of the service.

Staff told us they were well supported by the principal dentist, practice manager and colleagues. The practice team worked together well and were highly motivated to provide a high quality NHS service.

Summary of findings

The practice used the NHS Friends and Family Test to monitor patient satisfaction and obtain their views about the service. The practice used a mixture of informal communication and structured staff meetings to discuss the management of the practice and the care and treatment provided.

S Owen & Associates

Detailed findings

Background to this inspection

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

The inspection was carried out on 15 March 2017 by a CQC inspector and a dental specialist adviser. We reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with dentists, dental nurses, the practice manager and reception staff. We looked around the premises including the treatment rooms. We looked at policies and procedures and other documents and read the comments made by 21 patients in CQC comment cards. The practice provided their 2016 NHS Friends and Family Test results.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had critical incident/significant event recording forms for staff to use. We reviewed a completed form for the one incident the practice had recorded. This related to a clinical event and provided comprehensive details of the circumstances and how the practice dealt with and learned from what took place. The information showed an honest and rigorous approach to addressing a situation the team recognised that they should have dealt with differently.

The practice did not have a significant event policy to help them recognise and monitor their responses to and learning from such incidents and events. They acted on this immediately and produced a policy which they sent to us within three days of the inspection.

The practice was aware of the requirement under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had guidance for staff to refer to. Suitable accident record forms were available. Completed forms were left in the pad rather than removed and stored separately in line with data protection guidance on the cover of the book. Staff immediately created a folder to store completed accident forms in.

The principal dentist received dental specific safety alerts direct from the government website GOV.UK. They had not received 2016 alerts regarding faulty AEDs or a medicines recall and it was possible that this was because these were not specific to dentistry. To address this the head dental nurse immediately registered to receive updates for all medical alerts. The AED on the premises was the responsibility of the dental access centre and staff showed us the documentation confirming that the access centre team had checked this. The practice had recently renewed the medicine in question and so knew theirs was not affected. Although the practice stored alerts for future reference they did not have a system to monitor that they had checked and acted on these. They established a system for this before the end of the inspection.

Information was available regarding the legal requirement, the duty of candour and this had been discussed with staff at a team meeting. This legislation requires health and care professionals to tell patients the truth when an adverse incident affects them.

Reliable safety systems and processes (including safeguarding)

The practice team were aware of their responsibilities regarding potential concerns about the safety and well-being of children, young people and adults living in challenging circumstances. The practice had child and adult safeguarding policies and procedures based on local and national safeguarding guidelines. Information about child and adult safeguarding arrangements and contact details for the relevant safeguarding professionals in Herefordshire was available. The principal dentist was the practice's lead for safeguarding.

Most staff had completed safeguarding training at a level suitable for their roles. This was provided by a member of the local NHS safeguarding team. Reception staff had not completed safeguarding training but were due to attend a course in May 2017 and understood their immediate responsibilities if they had a concern.

We confirmed the dentists used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society. Dentists told us that they used other suitable safety precautions if a patient was not willing for them to use one. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. The dentists and the dental hygienist used traditional syringes with a suitable device for needle removal to minimise the risk of injury to dentists and dental nurses.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. There was an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff completed annual computer based and face to face training relevant to their role including management of medical emergencies, basic life support training and training in how to use the defibrillator.

The practice had the emergency medicines as set out in the British National Formulary (BNF) guidance. Oxygen and

other related items such as face masks were available in line with the Resuscitation Council (UK) guidelines. Staff told us they carried out daily, weekly and monthly checks of the emergency medicines and equipment including the oxygen to monitor that they were available, in date, and in working order. We saw the records they kept to confirm they had done these checks apart from their daily oxygen cylinder checks. They established a record for this immediately.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This did not specify all of the details set out in the relevant regulations. The practice manager immediately added a copy of the specific page of the regulations to their policy and amended the policy.

We looked at the recruitment information for two staff who had started work at the practice within the last two years and confirmed that the expected information was obtained for them.

The practice policy was to obtain Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date. The practice manager had a system for monitoring essential staff information about GDC registration and current professional indemnity.

Monitoring health & safety and responding to risks

The practice had a variety of health and safety related policies and risk assessments. These covered general workplace and specific dentistry related topics and were available for staff to refer to.

The practice had information about the control of substances hazardous to health (COSHH). We noted that some information was a number of years old and that there was no clear information to confirm that the contents had been reviewed. The practice confirmed they would complete a comprehensive review of all of the contents to ensure these were up to date and accurately reflected all the products used.

The practice used only latex free disposable gloves to remove the risk to patients or staff who may be allergic to latex.

The practice had a fire risk assessment originally completed when the building was commissioned in 2007. The document was reviewed by NHS Property Services in 2013. The records confirmed that necessary work identified in the risk assessment had been completed. NHS Property Services were responsible for, and kept records of, the ongoing fire safety measures. The fire extinguishers were maintained by a specialist company.

The practice had a business continuity plan describing how the practice would deal with a major flu epidemic. This did not cover other events which could disrupt the normal running of the practice such as power and computer failures. However, information was available about relevant contacts to help staff manage a significant disruption to the service.

Infection control

The practice was visibly clean and tidy and patients who commented on the subject confirmed this. The dental nurses were responsible for cleaning in clinical areas with the exception of the floors. Non-clinical areas and the floors throughout the building were cleaned by staff from an organisation with an NHS premises cleaning contract. Staff explained that NHS staff were responsible for managing this contract. We looked at the cleaning store room used by the cleaning company to store cleaning equipment and records. We found that this cupboard was untidy and some equipment was dirty. Suitable colour coded mops and buckets were not available. We looked at the cleaning records the cleaners were supposed to fill in. These were incomplete on numerous days so it was not possible to confirm what cleaning they had done.

During the inspection the infection control lead nurse from the local NHS Trust visited the practice and the dental access centre in the same building to look at the cleaning arrangements. They agreed that the equipment and records were unsatisfactory and arranged to address this with the cleaning company. A representative from the cleaning company visited later in the day. On 20 March

Are services safe?

2017 the principal dentist sent us a copy of an action plan compiled by NHS staff in partnership with the practice and the cleaning company. This confirmed that all necessary actions to address the issues identified on the day of the inspection were in hand with short timescales for completion. The principal dentist confirmed that although they were not responsible for monitoring the cleaning contract they would do so in future.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We reviewed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that they met the HTM01-05 essential requirements for decontamination in dental practices.

The practice had an infection prevention and control (IPC) policy and annual IPC statement. One of the dental nurses was the IPC lead for the practice. Clinical staff had completed infection control training during 2016.

We saw that the practice completed twice yearly IPC audits. Areas identified for improvement were discussed with staff and had been addressed.

Decontamination of dental instruments was carried out in the separate decontamination room by the dental nurses. The separation of clean and dirty areas in the decontamination room and treatment rooms was clear. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments.

The practice packaged, dated and stored equipment appropriately. They had adopted a process which meant they could track all instruments from the sterilising process through to the patient they were used for. They did this by using labels with details of the specific autoclave cycle used to sterilise each clean pack of instruments. This was then recorded in patients' notes when the instruments were used to provide a permanent record. Processed instruments were stored in a cupboard in the clean area of the decontamination room in line with best practice.

Staff confirmed that they used single use instruments whenever possible in line with HTM01-05 guidance and did not re-use items designated as single use only. The practice kept records of the expected decontamination processes and checks that equipment was working correctly using paper records and by downloading electronic data.

The practice had personal protective equipment (PPE) such as heavy duty and disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms and decontamination room had designated hand wash basins for hand hygiene with liquid soap and paper towels.

Suitable spillage kits were available to enable staff to deal mercury spillage and with any loss of bodily fluids safely.

NHS Property Services were responsible for maintaining the premises, including water safety. They had carried out a Legionella risk assessment in 2014. Legionella is a bacterium which can contaminate water systems in buildings. As part of the ongoing precautions against Legionella NHS Property Services carried out routine water temperature checks and kept records of these.

The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm, such as Legionella, in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and the chemical manufacturer's instructions. They used a testing regime certified by the manufacturer of the chemical used.

The practice's arrangements for segregating and storing dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment and duty of care documents and that the practice stored waste securely before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was available for staff to refer to and they were aware of what to do. The practice had documented information about the immunisation status of each member of staff. Appropriate secure boxes for the disposal of sharp items were used.

Equipment and medicines

The practice used a well known dental equipment company to carry out maintenance of their dental equipment. We saw the current maintenance and

Are services safe?

revalidation records for the pressure vessels, X-ray equipment and the equipment used to sterilise instruments. Certificates from specialist contractors were available to confirm that the fire extinguishers and portable electric appliances had been tested during the last year.

NHS prescription pads were stored securely and the practice had records of stock held including the first serial number for each pad. The practice had not implemented all the record keeping set out in national guidance to help ensure security of blank prescriptions. For example, they were not recording all the expected serial number information, the location of pads or when they were taken from the main stock for use. They confirmed that they had now done so three working days after the inspection. Individual prescriptions were only endorsed with the practice stamp when a dentist had filled them in and signed them for specific patients.

Emergency medicines were stored securely and no other medicines (such as antibiotics or painkillers) were held at the practice. One of the emergency medicines was stored in the refrigerator and we saw daily temperature check records to confirm that staff monitored this.

We confirmed that the dentists recorded the batch numbers and expiry dates of local anaesthetics in patients' records.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). We established that the required information was available. The records showed that the practice had a contract with a specialist company for maintaining the X-ray equipment and that relevant checks were up to date.

We confirmed that the dentists' IRMER training for their continuous professional development (CPD) was up to date.

The practice had beam aiming devices and rectangular collimators, a particular type of equipment attached to X-ray machines to reduce the dose of X-rays patients received. When we discussed these with the dentists it emerged that they were not using rectangular collimators and that some were not using beam aiding devices. Following the inspection the principal dentist confirmed that all dentists at the practice were now using these. We saw evidence that the dentists justified, graded and reported on the X-rays they took.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice team were aware of and took into account published guidelines such as those from National Institute for Health and Care Excellence (NICE), the Faculty of General Dental Practice (FGDP) and other professional and academic bodies.

The principal dentist explained to us that the practice was part of a dental prototype scheme. This was set up by the Department of Health to look at new ways of providing NHS dental patients with the care needed to improve oral health. A fundamental difference was that under the prototype scheme the practice was paid according to the number of patients registered rather than according to the treatment provided.

The dentists kept detailed records about patients' dental care and treatment and had assessed each patient's risk of tooth decay and gum disease. This was consistent with the focus of the prototype scheme which emphasised an educative and preventative approach to dental care.

Dental records included the condition of patients' gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed in relation to a patient's gums. The practice did not have a dental hygienist so the dentists provided advice, support and treatment in relation to patients' gum health themselves. If necessary they referred patients with advanced gum disease to a specialist practice or dental hospital.

The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer.

Health promotion & prevention

The practice was committed to oral health promotion and education and viewed preventative work as an important aspect of general dentistry. Prevention and education was integral to the dental prototype scheme which therefore fitted well with the practice's approach to dental care.

The practice asked patients to fill in a medical history form and checked and updated this information at every appointment. The form included questions about smoking and alcohol consumption and this and dietary advice was discussed with patients during appointments as these all have an impact on oral health. A range of dental care products were available for patients to buy.

The practice was in an area which did not have fluoridated water. The practice had concentrated fluoride toothpaste available and prescribed this if a patient's risk of tooth decay indicated this would be beneficial. Similarly, they used fluoride varnish for children in accordance with guidance in the Delivering Better Oral Health Tool-kit from the Department of Health.

A range of dental care products were available for patients to buy.

Staffing

We confirmed that clinical staff undertook the continuous professional development (CPD) required for their registration with the General Dental Council (GDC). The practice had evidence that clinical staff held current GDC registration. The practice held copies of staff training certificates and we saw evidence that staff kept records of their individual CPD. The principal dentist kept a log to help them monitor that members of the clinical team completed CPD in essential core subjects.

The dental nurses, reception staff and the practice manager received annual appraisals which included identifying personal development plans (PDPs). There is no requirement for dentists to receive annual appraisals, however, the dentists at the practice had PDPs and the principal dentist monitored their CPD.

In addition to training in clinical topics staff also completed training in other essential areas. These included safeguarding, management of medical emergencies, basic life support and defibrillator training and information governance. The practice had a structured induction checklist for new staff.

Working with other services

The practice referred patients to other NHS dental services or to private dental practices when they needed treatment outside the skill mix and specific expertise of the practice team. This was usually for specialist treatments such as orthodontics, complex gum and root canal treatments, dental implants and sedation.

Are services effective?

(for example, treatment is effective)

The practice referred patients for investigations in respect of suspected oral cancer in line with NHS guidelines. This included making referrals under the national two week wait arrangements.

There was a referral tracking process to ensure these were followed up. The practice also asked patients to let them know if they did not receive an appointment from the service they had been referred to.

Consent to care and treatment

Members of the team understood the importance of obtaining and recording patients' consent to treatment. Verbal and written consent was obtained and recorded for private and NHS treatment. Information from patients confirmed they received information to help them make informed decisions about their treatment.

The practice had a written consent policy and additional information explaining the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were aware of and could explain the relevance of this legislation to the dental team although they had not completed specific training about this. The practice had mental capacity assessment templates available to use if needed.

The practice consent policy referred to decision making where young people under the age of 16 may be able to make their own decisions about care and treatment and was based on national guidance.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patient feedback provided a consistently positive view of the standard of care and treatment provided. Patients spoke highly of the practice team who they described as caring, warm, respectful and thorough. Some mentioned that their dentist had supported them to manage their anxiety about dental treatment. The results of the practice's 76 NHS Friends and Family Test forms completed during the previous six months were positive and showed that 91% of the patients who took part were extremely likely and 8% were likely to recommend the practice.

The chairs in the waiting room were set away from the reception desk so conversations were not overheard. Staff told us that if a patient needed or wanted more privacy to discuss something they used the office or a treatment room for this. For example, they explained that discussions about exemption from NHS charges always took place while patients were in the treatment room and never at the reception desk. The position of the reception computer screens meant that they could not be seen by patients at the desk. No personal information was left where another patient might see it.

The practice had a confidentiality and information governance policies and these were included in staff induction and ongoing training. Reception staff understood their responsibility to take care when dealing with patients' information in person or over the telephone. There was information about protecting patients' personal information in the practice information leaflet.

Involvement in decisions about care and treatment

We saw that the practice recorded information about patients' treatment options, and discussed the risks and benefits of these with them. Patients needing treatment were given a written treatment plan. In the case of NHS patients the practice used the appropriate NHS form for this. Patients confirmed that their dentist listened to them and explained their treatment clearly. Dentists described involving children in conversations about their treatment so they were included in decision making alongside their parents or carers. They told us they gave patients information to take home to consider before making a decision. We saw evidence of this in patient records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patient feedback provided a positive picture of a service which worked to meet patients' needs. They described having confidence in their dentist, appreciating the time taken with their treatment and the attention paid to their individual needs.

The principal dentist and other members of the dental team were aware of the needs of the local area which had significant numbers of people living in economically deprived circumstances and an ageing population. They were committed to helping to meet the needs of those patients and to continuing to provide NHS dental care. Staff gave us an example of assisting a patient to attend their appointments. They identified the person's specific difficulty and helped them manage this by accompanying to and from the building for a short distance. They also explained that because many of their patients living in the rural areas around Leominster used public transport they took the bus timetable into account when arranging appointment times.

We discussed the appointment booking system with reception staff. They explained that check-up appointments were booked for 15 minutes and that appointments for treatment were booked according to the treatment needed; the dentists used the instant messaging on the computer system to let them know how much time they should book or the dental nurses came to the desk with patients to explain. Some patients commented on the efficiency of the service and being seen on time. Dentists told us that they arranged longer appointments for patients who were anxious about dental treatment or arranged these at the start or end of the day to suit the individual. If necessary they referred patients to services able to provide sedation.

The practice had a patient information leaflet and additional information was available in the waiting room. Patients were provided with written information about the fees for NHS and private treatment.

Tackling inequity and promoting equality

The design of the building provided full access and suitable facilities for patients with disabilities. The adjacent public car park had designated spaces for patients with disabilities. The treatment room doors had wide doorways to assist patients who used wheelchairs. Staff told us the wide doorways also meant patients who used mobility scooters could ride all the way into the treatment room. The patient toilet was accessible for patients using wheelchairs. It had a call bell, grab rails, a low level wash basin and low level mirrors. The hand towels could be reached from a sitting position. The walls were a deep shade of blue to contrast with the grab rails, toilet seat and other facilities to make these easier for patients with poor vision to see. Staff said that the dental access centre in the same building had hoists available and that patients who needed full assistance into the dental chair could be referred there for treatment.

Staff told us that they rarely saw patients who were unable to manage a conversation in English and had no patients currently who used British Sign Language. The principal dentist said they would use the translation service available through the NHS if they needed this. The practice had an induction hearing loop to assist patients who used hearing aids.

Information was provided for patients about NHS charges and arrangements for patients who were exempt from paying these.

Access to the service

The practice was open from 9am to 5pm Monday to Friday and was closed for lunch between 1 and 2pm. Feedback confirmed that patients were able to make appointments and that staff were helpful about fitting them in when they were in pain or had other urgent dental problems. Staff told us that the practice kept some appointments free each day for this. We saw that three such appointments were used for emergencies on the day of the inspection. Reception staff described the system they used to prioritise patients with a clear injury, continuous bleeding or a swollen face indicating a need for urgent treatment.

The practice information leaflet advised patients to use the NHS 111 telephone number if they needed emergency treatment when the practice was closed. This information was also provided in the practice's telephone answerphone message.

Concerns & complaints

The practice had a complaints policy and procedure which reflected national guidance from organisations such as the

Are services responsive to people's needs?

(for example, to feedback?)

General Dental Council (GDC) and British Dental Association (BDA). Basic information about making a complaint was included in the practice information leaflet. The name of the practice manager was provided so patients with a concern knew who to speak with initially. The leaflet also included the contact details for NHS England's national customer call centre if patients were not happy with the practice's response. This explained that the team there would take details of their concern and liaise with local NHS England staff about investigating these. Contact details about the Dental Complaints Service were provided for private patients. Reception staff told us that if a patient raised a concern with them they took details and arranged for the practice manager to deal with this.

We looked at the complaints records kept by the practice and discussed their approach to dealing with concerns raised by patients. We noted that all concerns were taken seriously even where these were low level informal comments. The practice manager explained that they aimed to speak in person with anyone who had a concern to provide an open, personal response. They kept brief notes of these in sealed envelopes to protect patient privacy. The practice had received two more formal complaints in the previous 12 months one of which was being looked into by local commissioners because the patient had made their complaint to NHS England and not direct to the practice. The practice had written to the other complainant providing an open detailed and professional response. We highlighted that the practice's current complaints records did not provide an overview of the issues they had dealt with to help them monitor these and use them for learning and improvement.

Are services well-led?

Our findings

Governance arrangements

The principal dentist held responsibility for clinical leadership and the day to day management of the service supported by the practice manager and senior dental nurse.

The practice had policies, procedures and risk assessments to support the management of the service. These reflected national guidance from organisations such as the General Dental Council (GDC) and the British Dental Association (BDA).

The practice held structured staff meetings which took place approximately every six to eight weeks; we saw the minutes of the five meetings held during 2016. Notes of the meetings were made for future reference so staff who were not present could keep up to date. Topics discussed at meetings had included audit results, friends and family comments, complaints and the importance of communication, infection control, duty of candour, whistleblowing and medical emergencies and medicines. The minutes included information about learning and outcomes from the issue discussed.

The practice was registered with the Information Commissioner and had a comprehensive information governance policy and supporting information.

Leadership, openness and transparency

During the inspection we observed that the practice team worked well together and were friendly, professional and positive. Members of the team spoke of the excellent approachability, support and leadership provided by the principal dentist.

The practice had a policy detailing their commitment to staff and a bullying and harassment policy. There was a whistleblowing procedure for staff to follow if they identified concerns at the practice. This included information about external contacts if they felt unable to report their concerns internally. We noted that this had not been reviewed since 2011.

The way the practice had dealt with a significant event and with complaints showed the practice was open with patients and apologised if an adverse event affected them. Information regarding the legal requirement, the duty of candour was available and had been discussed with staff. This legislation requires health and care professionals to tell patients the truth when an adverse incident affects them.

Management lead through learning and improvement

The principal dentist explained to us that they were taking part in a dental prototype scheme led by the Department of Health to look at new ways of providing NHS dental patients with the care needed to improve oral health. The practice had put themselves forward to take part in the project and was one of 82 practices involved in England. The principal dentist had previously worked for the Primary Care Trust and its successor NHS England as a dental adviser.

We saw evidence that the clinical staff maintained their continuous professional development (CPD) by doing a mixture of on-line and face to face training. The principal dentist monitored the core CPD topics completed by the dentists all of whom had personal development plans to support their professional development. The dental nurses, practice manager and reception staff had annual appraisals and personal development plans identifying learning needs.

The practice carried out a variety of audits and where necessary remedial action was taken based on the results. Audits are intended to help dental practices monitor the quality of treatment and the overall service provided. The audits we saw included grading of X-rays, infection prevention and control and clinical record keeping. The practice also did a monthly audit to confirm that patients' medical histories were updated. An annual cleaning audit was carried out in October 2016. The results and any learning from audits was shared at staff meetings.

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

The practice used the NHS Friends and Family Test to obtain patients views about the practice. The results of the practice's 76 NHS Friends and Family Test forms completed during the previous six months were positive and showed that 91% of the patients who took part were extremely likely and 8% were likely to recommend the practice. We read the additional comments and these were all complimentary with no suggestions for improvements although one person had commented that waiting times were too long.

Are services well-led?

Throughout the inspection we saw that practice staff worked well together as a team and had professional and supportive relationships. Staff were positive about working at the practice and told us they felt supported and listened to. The practice used annual appraisals and staff meetings to provide staff with opportunities to contribute.