

Soar Valley Dental Practice Limited

Soar Valley Dental Practice

Inspection Report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 22 February 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

Summary of findings

Soar Valley Dental Practice is a dental practice providing primarily private with some NHS care for adults and children. Where private treatment is provided some is under a fee per item basis and some under a dental insurance plan. The practice is situated in a converted property and has three dental treatment rooms; one on the ground floor and two on the first floor. There is also a reception and waiting area on the ground floor and a waiting room and a care suite on the first floor. The care suite was used for private discussions regarding treatments with patients. There were also other rooms used by the practice for office facilities and storage. The practice is open from 9.00am to 6.00pm Monday to Thursday and from 9.00am to 2.00pm on Fridays. The practice closes for lunch from 1.00pm to 2.00pm.

The practice has two full time dentists, one of them being the principal dentist and the other a foundation dentist (a foundation dentist is a dentist undertaking a post-qualification training period, in general dental practice. UK graduates need to undertake this in order to work in NHS practice). There are also two part time associate dentists. They are supported by three dental nurses, a trainee dental nurse, three part time dental hygienists, a practice manager, a care coordinator and two receptionists.

The practice is able to provide general dental services including endodontic (root canal) treatment, orthodontic treatment and some cosmetic dentistry.

The principal dentist is registered with the Care Quality Commission as an individual and also as the registered manager. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We also spoke with patients on the day of our inspection. We received feedback from a total of eleven patients. All feedback was positive with patients commenting favourably on the quality of care and service they received, the professional and helpful nature of staff and the cleanliness of the practice.

Our key findings were:

- Staff reported incidents which were investigated, discussed and learning implemented to improve safety.
- The practice was visibly clean and well maintained and infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health, with the exception of incomplete records of water temperature monitoring in relation to the risks associated with legionella.
- The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that there were no paediatric masks and the tubing on the portable suction was too short. We were informed following our inspection that these items had been purchased.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff demonstrated a strong commitment to oral health promotion and the foundation dentist and oral health educator carried out visits to local schools and playgroups to give talks to children to promote oral health.
- Patients commented that they were pleased with the care they received and that staff were helpful, kind and courteous.
- The practice had suitable facilities and was equipped to treat patients and meet their needs. However we found that there were gaps in the recording of testing of equipment used in the decontamination process. We were told following our inspection that the process had been changed to ensure this would not happen again.
- Translation services were available. There was no hearing loop to assist patients with a hearing impairment but the practice told us they had purchased one following our inspection.
- The practice had a process in place to make referrals to other dental professionals when appropriate to do so but there was no system to track referrals.
- Governance arrangements were in place for the smooth running of the service.

Summary of findings

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

- Review the practice's referral processes to allow referrals to be monitored.
- Review the current arrangements for recording of water temperatures in respect of mitigating the risks associated with legionella, giving regard to the guidelines issued by the Department of Health - Health

Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance

- Review the systems in place to ensure that the equipment used in the decontamination process is working effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had a system in place to identify, investigate and learn from significant events.

There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health, with the exception of incomplete records of water temperature monitoring in relation to the risks associated with legionella.

The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that there were no paediatric masks and the tubing on the portable suction was too short. We were informed following our inspection that these items had been purchased.

Use of X-rays on the premises was in line with the regulations.

No action



Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The clinicians used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

Staff demonstrated a strong commitment to oral health promotion and the foundation dentist and oral health educator carried out visits to local schools and playgroups to give talks to children to promote oral health.

The staff received ongoing professional training and development appropriate to their roles and learning needs.

Clinical staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

The practice had a process in place to make referrals to other dental professionals when appropriate to do so but there was no system to track referrals.

No action



Are services caring?

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

No action



Summary of findings

We received feedback from eleven patients and this provided a positive view of the service the practice provided. Comments reflected that patients were highly satisfied with the care they received and commented on the welcoming and helpful nature of the staff. Patients told us they were treated as individuals and treatment options were explained to them and they were involved in decisions about their treatment.

We observed that patients were treated with dignity and respect and the confidentiality of patients' private information was maintained.

Are services responsive to people's needs?

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

The practice had good facilities and was equipped to treat patients and meet their needs.

Routine dental appointments were available, as were urgent on the day appointments. Patients told us they found it easy to get an appointment in a timely way.

Information was available for patients in the practice and on the practice's website.

The practice was in a converted building and patient services were available on the ground floor of the building which was wheelchair accessible. There were further treatment rooms on the first floor.

Information about how to complain was available to patients and complaints were responded to appropriately.

The practice had access to telephone interpreter services should they be required for patients who did not speak English. There was no hearing loop to assist patients with a hearing impairment but the practice told us they had purchased one following our inspection.

No action 

Are services well-led?

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

There was an open culture and staff were well supported and able to raise any concerns. .

Clinical audit was used as a tool to highlight areas where improvements could be made.

Feedback was obtained from patients and discussed and acted upon to make changes to the service provided if appropriate.

Systems and processes within the practice were operated effectively. Governance arrangements were in place. There were policies and protocols available which were regularly reviewed and updated. Risks had been assessed and mitigating actions put in place.

No action 

Soar Valley Dental Practice

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

We carried out an announced, comprehensive inspection on 22 February 2017. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We reviewed information we held about the practice prior to our inspection.

During the inspection we spoke with the practice manager, three dentists, dental nurses and receptionists.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 we spoke with understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided for staff within the practice's health and safety policy. Accident forms were available which aided staff to consider when a report would be necessary.

The practice had systems and processes to report, investigate and learn from significant events and near misses. There was a complaints and events policy which had been reviewed in September 2016. Events were recorded within the practice and the practice manager monitored them in order to identify any themes or trends. Records we looked at demonstrated that events had been reviewed and discussed at practice meetings in order to share any learning and implement improvements. For example one incident related to the practice computer system. We saw that it had been discussed at a recent practice meeting and processes had been changed as a result of the incident to prevent it happening again.

The practice had a system in place for receiving and acting on safety alerts. The practice manager told us that national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession were sent to their email address which was checked regularly. We saw evidence that a number of recent alerts had been acted upon.

Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. Staff we spoke with showed an awareness of this and told us they were encouraged to be open and honest if anything was to go wrong. This was evident in the way significant events had been raised and discussed within the practice.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for safeguarding children and vulnerable adults which had been reviewed in September 2016. The practice manager was named as the safeguarding lead for the practice. There was also a flow

chart in the safeguarding folder which detailed the actions a staff member should take if concerned and contact numbers for the relevant agency for raising a concern were available.

We saw evidence that all staff had received safeguarding training to the appropriate level for their role.

The practice had an up to date employers' liability insurance certificate which was displayed in the reception area. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. This was due for renewal in February 2018.

We spoke with dentists who told us they were using rubber dams when providing root canal treatment to patients and we saw that rubber dam kits were readily available. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided.

We spoke with staff about the procedures to reduce the risk of sharps injury in the practice. There was a comprehensive protocol for dealing with needle stick injuries displayed in each surgery.

We found that in the majority of cases the practice were using 'safer sharps' in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation. However we found that dental nurses were removing matrix bands but following our inspection the practice manager informed us that they had held a meeting and the decision had been made to use disposable matrix bands which was in line with the 'safer sharps' requirements.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. Staff were aware of their location and how to access them. Emergency medicines were available in line with the recommendations of the British National Formulary.

The majority of equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities

Are services safe?

of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. However we found that there were no paediatric masks and the tubing on the portable suction was too short. We were informed following our inspection that these items had been purchased.

There was a first aid kit and an eye wash kit available which were both in date. There were two trained first aiders within the practice.

There was a system in place to ensure that all medicines and equipment were checked on a regular basis to confirm they were in date and safe to use should they be required. Records we saw showed that the emergency medicines and equipment were checked on a weekly basis. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date.

Staff based at the practice had completed practical training in emergency resuscitation and basic life support and we saw that their annual training was booked for March 2017. The practice carried out training in emergency scenario simulations on a regular basis at staff meetings.

Staff recruitment

The practice had a recruitment policy and we saw that the policy had been followed in the recruitment of the most recent member of staff. We reviewed three staff recruitment files which were well organised and saw evidence that appropriate recruitment checks were present, such as qualifications, photographic proof of identification and registration with the appropriate professional body. There was evidence of checks through the Disclosure and Barring Service (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring health & safety and responding to risks

The practice had systems to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which had been reviewed in November 2016 and was accessible for all staff to reference. A health and safety risk assessment had been carried out in May 2016 and included risk assessments for amalgam waste, sharps, clinical waste disposal, radiation and environmental hazards.

A fire risk assessment had been carried out in October 2016. There were written fire procedures in place relating to the evacuation of the premises.

Staff had received in house training but there were no trained fire marshals. We saw that fire drills had been undertaken on a monthly basis with the last full evacuation drill having taken place in February 2017. Checks of fire safety equipment had been carried out on a weekly basis. We discussed fire safety arrangements with the practice manager and following our inspection they told us that face to face fire training and fire marshal training had been arranged.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice with safety data sheets for each product which detailed actions required to minimise risk to patients, staff and visitors. There were also COSHH risk assessments and safety data sheets relating to all products used by the external cleaning company.

There was a business continuity plan dated January 2017 available for major incidents such as fire, loss of computer system or power failure. This gave details of alternative premises to be used if necessary. The plan contained details of contractors who might be required in these instances and staff contact details in order to inform them in an emergency. A copy of the plan was kept away from the practice by key members of staff.

Infection control

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

The practice had infection control policies which had been regularly reviewed. These gave guidance on areas which included the decontamination of instruments and equipment, spillage procedures, waste disposal and environmental cleaning of the premises.

There was a dedicated room for use during the decontamination process with identified areas for processing dirty and clean equipment. We discussed the process with a dental nurse.

Are services safe?

Instruments were cleaned in an ultrasonic bath (this is designed to clean dental instruments by passing ultrasonic waves through a liquid). Instruments were then inspected under an illuminated magnifier before being sterilised in an autoclave (a device used to sterilise medical and dental instruments).

The dental nurse demonstrated that systems were in place to ensure that the autoclaves used in the decontamination process were working effectively. However, in respect of the ultrasonic bath we found that weekly protein tests had been carried out as required but monthly foil tests were overdue by two months having last been carried out in September 2016. We were told this was due to sudden and unexpected staff shortage at the practice. Following our inspection we were told the foil test had been carried out and a new process implemented which allocated the task to one dental nurse with diarised reminders to ensure the tests took place.

We saw that the required personal protective equipment was available for staff throughout the decontamination process.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and general waste were used and stored in accordance with current guidelines. The practice used an approved contractor to remove clinical waste from the practice and we saw the appropriate waste consignment notices.

Practice staff told us how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). They described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out in February 2017 and actions that had been identified had not yet had time to be implemented but were due to be discussed at the practice meeting the day after our inspection. We saw documentation of water checks throughout 2016 but the water temperatures had not been recorded which meant there was no evidence of water temperatures being within the required range. This would be necessary to mitigate the risk.

We saw evidence that clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact).

We saw that the dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towels. Hand washing protocols were also displayed appropriately in various areas of the practice. Each treatment room had the appropriate personal protective equipment available for staff use. However we found minor defects in the upholstery of some dental chairs. Following our inspection we were told that these had been replaced or repaired.

The practice contracted a company to carry out daily environmental cleaning tasks. We saw there were records of cleaning in line with the schedule and used colour coded cleaning equipment in line with national guidelines.

Equipment and medicines

Staff told us they had enough equipment to carry out their job and there were adequate numbers of instruments available for each clinical session to take account of decontamination procedures. We saw evidence that equipment checks had been regularly carried out in line with the manufacturer's recommendations. The practice's X-ray machines had been serviced as specified under current national regulations.

Portable appliance testing had been carried out at appropriate intervals, having last been tested in November 2016. One of the autoclaves had been serviced in June 2016 with the second having been serviced in January 2017. We saw that the compressor was overdue for a service but this had been booked to be carried out in the week of our inspection.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice used three intra-oral X-ray machines. The practice displayed the 'local rules' of the X-ray machine in the room where each X-ray machine was located.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

Are services safe?

The practice kept a radiation protection file which contained the names of the Radiation

Protection Advisor and the Radiation Protection Supervisor. On the day of our inspection, information relating to notification to the Health and Safety Executive (HSE) and critical acceptance test relating to equipment in two treatment rooms was not available. A critical acceptance test is a report showing that X-ray equipment is safe to use and fit for purpose. The practice told us they were unable to locate the critical acceptance documentation as it related to equipment which was present when the provider took over the practice many years ago. The information from HSE was provided following our inspection.

We found that in one of the treatment rooms there was no rectangular collimator being used with the X-ray machine. A rectangular collimator is used to reduce the radiation dose from intraoral radiography. Following our inspection the practice manager informed us that the additional collimator had been purchased.

We saw that all dental professionals were up to date with radiation training as specified by the General Dental Council.

The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record for patients as recommended by the Faculty of General Dental Practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with three dentists who demonstrated their awareness of National Institute for Health and Clinical Excellence (NICE) and the Faculty of General Dental Practice (FGDP) guidelines including new guidance from the FGDP regarding record keeping. For example, we saw that the guidelines were applied in relation to dental recall intervals.

Discussions with the dentists and records we reviewed demonstrated that consultations, assessments and treatment were in line with these recognised professional guidelines. The dentists described to us and we looked at records which confirmed how they carried out their assessment of patients for routine care. We saw evidence of an oral health assessment at each examination and risk assessments covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer, in the sample of dental care records we reviewed.

We saw that records also included details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Following the clinical assessment records reflected a full description of the options discussed and the outcomes.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. Records we looked at showed that radiographs had been recorded including their justification and grading.

Health promotion & prevention

Dentists we spoke with were aware of and applying guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example they told us that in accordance with the guidelines they provided fluoride varnish applications for children every six months. (Fluoride varnish is a material that is painted on teeth to prevent cavities or help stop cavities that have already started).

The practice sold a range of dental hygiene products to maintain healthy teeth and gums such as toothbrushes and mouthwashes. These were available in the reception area. We saw there was a health promotion display in the first floor waiting room and health promotion leaflets were available in the treatment rooms.

Dentists told us they provided smoking and alcohol cessation advice to patients and staff were aware of local smoking cessation services where they could refer patients to. We reviewed a sample of dental care records which demonstrated dentists had discussed oral health advice with patients.

Appointments were available with hygienists in the practice to support the dentists in delivering preventative dental care.

The foundation dentist and oral health educator carried out visits to local schools and playgroups to give talks to children to promote oral health.

Staffing

The practice was staffed by two full time dentists, one of them being the principal dentist and the other a foundation dentist (a foundation dentist is a dentist undertaking a post-qualification training period, in general dental practice. UK graduates need to undertake this in order to work in NHS practice). There were also two part time associate dentists. They were supported by three dental nurses, a trainee dental nurse, three part time dental hygienists, a practice manager, a care coordinator and two receptionists.

Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians. We asked to see evidence of indemnity cover for relevant staff (insurance professionals are required to have in place to cover their working practice) and saw that cover was in place for all dental professionals.

We found that staff had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council

Are services effective?

(for example, treatment is effective)

(GDC). We found that training needs of staff were monitored and clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

Records at the practice showed that staff had received annual appraisals with the principal dentist and we saw that as part of the process staff completed a self-appraisal prior to the meeting. The practice manager told us they also aimed to carry out six monthly reviews with staff.

Working with other services

The dentists and practice manager explained how they worked with other services. The dentists referred patients to a range of specialists in primary and secondary services for more complex endodontic, periodontic and orthodontic treatments, and minor oral surgery when the treatment required could not be provided in the practice. Referrals for suspected cancer were fast tracked to the local hospital. We were told that patients were provided with a copy of their referral letter if required. The practice did not keep a log of referrals and there was no system to track referrals made.

Consent to care and treatment

The Mental Capacity Act 2005 (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. Some staff had undertaken training in the MCA and its relevance when dealing with patients who might not have capacity to make decisions for themselves and when a best interest decision may be required. Dentists we spoke with demonstrated their understanding regarding Gillick competence which relates to children under the age of 16 being able to consent to treatment if they are deemed competent. We were told that mental capacity, best interest decisions and Gillick competence had been discussed at staff meetings to embed learning.

We spoke with three of the dentists and found they had a clear understanding of consent issues and that they described how they explained and discussed different treatment options with patients, outlining the pros and cons and consequences of not carrying out treatment. This was clearly documented in the sample of dental care records we reviewed. We also saw that patients were given written treatment plans and signed a consent form. They were also given time to reconsider the chosen treatment plan. Leaflets were also available relating to certain treatments which patients could take away to aid their decision making. The practice also had a care coordinator who supported patients with explanations and information about their treatment options.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, Care Quality Commission comment cards were left at the practice to enable patients to tell us about their experience of the practice. We also spoke with patients on the day of our inspection. We received feedback from eleven patients, all of which was positive with patients commenting favourably on the individual care and service they received. Staff were described as caring, respectful and professional.

The confidentiality of patients' private information was maintained as patient care records were computerised and practice computer screens were not visible at reception.

Treatment room doors were closed when patients were with dentists and conversations between patients and dentists could not be overheard from outside the rooms.

Involvement in decisions about care and treatment

From our discussions with dentists, extracts of dental care records we were shown and feedback from patients it was apparent that patients were given clear treatment plans which contained details of treatment options and the associated cost. There was a care coordinator who provided additional support for patients and was able to provide further explanations and information about the options and costs involved.

A price list for treatments was available at reception and was also on the practice website.

Patients told us that they felt listened to and plenty of time was taken to explain treatments to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we found that the practice had good facilities and was well equipped to treat patients and meet their needs.

We saw that the practice waiting area held a range of information. This included information about the services offered by the practice, health promotion, complaints information and the cost of treatments.

Patients commented that they were able to get appointments easily and sufficient time was given for appointments to allow for assessment and discussion of their needs. Some patients described themselves as nervous about dental treatment and commented specifically on how responsive the dentists were to their needs, making them feel welcome, comfortable and relaxed.

Tackling inequity and promoting equality

The practice is situated in a converted property and has three dental treatment rooms one on the ground floor and two on the first floor. The facilities on the ground floor were accessible to all patients, including those patients with limited mobility, as well as parents and carers using prams and pushchairs. There was also a wheelchair accessible toilet.

The practice were able to access a translation service to support patients whose first language was not English if this was required. The practice did not have a hearing loop available to assist patients with a hearing impairment but we were informed following our inspection that one had been purchased.

Access to the service

The practice was open from 9.00am to 6.00pm Monday to Thursday and from 9.00am to 2.00pm on Fridays. The practice closed for lunch from 1.00pm to 2.00pm.

The practice did not have a car park or disabled car parking immediately outside the practice but there was a public car park within walking distance.

Information in the practice and on the provider's website gave patients guidance on how to access treatment in the case of an emergency when the practice was closed. Patients were advised to either use the NHS 111 service or private patients were provided with an alternative number for an on call dentist. A recorded message on the telephone answering service also provided this information.

The practice told us they would arrange to see a patient on the same day whenever possible if it was considered urgent. Comments from patients confirmed this and described how accommodating the practice had been in urgent cases.

The practice had a website and patients were able to access information or check opening times or treatment options on-line.

The practice operated a reminder service for patients who had appointments with the dentists. Patients received a text, telephone call or email depending on their preference, three days before their appointment.

Concerns & complaints

The practice had a complaints' policy which had been reviewed in September 2016. The policy explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the policy.

Information about how to complain was displayed in the waiting room and in the practice leaflet and patients were able to make complaints or comments via the practice website contact form. The practice manager was designated as the person responsible for dealing with complaints in the practice.

We were shown a summary of complaints and saw that there had been one written and one verbal complaint received in the 12 months prior to our inspection. The documentation we reviewed showed the complaints had been resolved appropriately.

Are services well-led?

Our findings

Governance arrangements

There was a governance framework in place which provided a staffing structure whereby staff were clear about their own roles and responsibilities.

Practice specific policies were available which had been regularly reviewed and updated. We looked at policies which included those which covered infection control, health and safety, complaints, consent and safeguarding children and vulnerable adults.

There were systems and processes for identifying, recording and managing risks, issues and implementing mitigating actions.

Risk assessments had been carried out but the current fire risk assessment was not in line with The Regulatory Reform (Fire Safety) Order 2005. It had not identified the requirement for an Electrical Installation Condition Report and no consideration had been given to the evacuation of patients with disabilities.

Leadership, openness and transparency

Leadership within the practice was provided by the principal dentist and the practice manager. Overall accountability for the practice was held by the principal dentist who was also the provider.

Staff told us they felt supported to raise concerns within the practice and felt they were listened to if they did so. Staff felt they worked well together as a team and also supported each other. They described the leadership team as open and supportive and it was apparent that the team worked cohesively and effectively together.

The practice was aware of the duty of candour and this was demonstrated in the records we reviewed relating to incidents and complaints.

We saw evidence of regular staff meetings which staff were encouraged to participate in fully. The meetings had a set agenda and were minuted. Staff unable to attend were updated as to the content of the meeting.

The practice was aware of the duty of candour and this was demonstrated in the records we reviewed relating to incidents and complaints.

We saw evidence of regular staff meetings which staff were encouraged to participate in fully. The meetings were minuted and included discussions around governance issues, clinical areas, training, significant events and complaints.

Learning and improvement

There was a programme of clinical audits in place in order to monitor quality and to make improvements. We saw that infection control audits had been carried out at six monthly intervals, the last ones having been undertaken in July 2016 and January 2017. We found that the most recent audit did not have an associated action plan, although the July 2016 audit had an action plan in line with the findings. The practice manager told us an action plan would be completed and actioned if necessary. We also saw an audit of hand hygiene had been carried out in October 2016.

We also saw that clinical record keeping audits were carried out regularly, the last one having been undertaken in August 2016 and another being underway at the time of our inspection. Audits of the quality and justification of radiography (X-rays) were being carried out regularly. We saw the last completed audit was carried out in September 2016 and the most recent from January 2017 had an action plan and was due to be discussed at the practice meeting the day after our inspection. An audit of antimicrobial prescribing was underway and other completed audits we looked at included those related to disability access and clinical waste.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that clinical staff were up to date with the recommended CPD requirements of the GDC.

The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation (CPR), infection control, safeguarding of children and vulnerable adults and dental radiography (X-rays). Staff development was by means of internal training, staff meetings and attendance on external courses.

We saw evidence that staff had received appraisals on an annual basis and personal development plans were in place where appropriate in order to identify and implement staff learning needs.

The practice told us they were committed to ongoing improvement and were working towards membership of a

Are services well-led?

Quality Practice Scheme which was a quality assurance programme which allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

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

The practice had a number of methods to gain feedback from patients. The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The results from January 2017 showed that 100% of NHS patients were extremely likely or likely to recommend the practice to friends and family.

There was a comments book in the foyer of the practice for patients to give feedback and make suggestions. The practice also carried out patient satisfaction surveys with the last one having been analysed in August 2016. This had identified that patients would like more information leaflets available and we saw that this had been discussed at a practice meeting. Patients were also able to leave feedback online through the practice website.

It was apparent from the staff we spoke with and the minutes of practice meetings that staff were able to raise issues for discussion and were supported to do so. Staff were also confident to discuss suggestions informally.