

Disa Dental Limited

Coach House Dental Practice

Inspection Report

Coldwell Street
Wirksworth
Matlock
Derbyshire
DE4 4FB

Tel: 01629 822395

Website: www.genesisdentalcare.com

Date of inspection visit: 20 July 2016

Date of publication: 04/08/2016

Overall summary

We carried out an announced comprehensive inspection on 20 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is located in premises in Wirksworth near Matlock in Derbyshire. The practice provides mostly NHS dental treatments. With approximately 99% of the treatment provided to NHS patients. There is a small car park to the front of the practice. There are two treatment rooms all of which are located on the ground floor.

The practice was first registered with the Care Quality Commission (CQC) in August 2011. The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday to Thursday: 8:30 am to 5 pm; Friday: 8:30 am to 4 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message which advises contact with an emergency dental service after 6 pm. Alternatively patients could telephone the NHS 111 telephone number.

The managing director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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 one dentist; one dental hygienists/ dental therapist; four qualified dental nurses who also work on the reception desk and a practice manager.

We received positive feedback from 15 patients about the services provided. This was by speaking with patients in the practice.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients said they had no problem getting an appointment that suited their needs and this included for emergency treatment or when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect; and the dentist involved them in discussions about treatment options and answered questions.
- Communication between the dentist and patients had improved.
- Patients' confidentiality was protected.
- There were systems to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and install a hearing induction loop to assist patients who used a hearing aid.

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 received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

The practice was visibly clean.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice had systems in place for making referrals to other dental professional when it was clinically necessary.

No action



Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

No action



Summary of findings

Feedback from patients identified staff were welcoming and professional. Feedback indicated that the practice treated patients with dignity and respect.

There were systems for patients to be able to express their views and opinions.

Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice was located on the ground floor. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility. The practice was not fully accessible due to a step between reception and the treatment rooms and the toilets had not been adapted for the needs of patients with restricted mobility.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the waiting room, and the practice leaflet.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice was part of a larger organisation and there was additional management and clinical support available within the wider organisation.

The practice had a robust system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. Policies and procedures had been kept under review.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

Staff said the practice was a friendly place to work, and they could speak with a senior colleague if they had any concerns.

No action



Coach House 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 20 July 2016. This was following concerns raised in relation to infection control. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

We reviewed the information we held about the practice and found there were no areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 15 patients about the dental 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

The practice had systems for recording and investigating accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in April 2016 this being a minor injury to a member of staff. Human error had been a factor. Action had been taken to reduce the likelihood of this happening again following the accident. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice had made a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) report in 2014. This was following an injury to a member of staff. RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although they were aware how to make these on-line.

Records at the practice showed there had been seven significant events during 2016. The last recorded event had occurred on the day of the inspection and related to a telephone problem affecting the practice, so no outgoing telephone calls could be made. Appropriate alternative arrangements had been put in place. The record showed all significant events had been analysed and discussed at staff meetings. We saw that incidents with both positive and negative outcomes were recorded and discussed.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received by the practice manager analysed and shared with staff as appropriate. The most recent alert had been received in July 2016 and related to child safety plugs for electric sockets. Appropriate action had been taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children. The policy had been reviewed and updated in June 2016. The policy identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and a flow chart were available for staff. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary.

The practice manager was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to level two on 21 June 2016 to support them in fulfilling that role. We saw evidence that all staff had completed safeguarding training to level two during 2016.

The practice had a specific policy to give staff guidance on Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy had been reviewed and updated in April 2016. This identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. There were hard copies of manufacturers' product data sheets and every computer in the practice had a link to on-line COSHH data sheets. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 26 September 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in February 2016. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentists handled sharp instruments.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps

Are services safe?

bins were located in clinical areas which followed the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children.

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society recommend that dentists should be using rubber dams. 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. We saw the practice had a supply of rubber dam kits in the practice including latex free rubber dams.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were robust systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. Four members of staff had completed a first aid at work course we saw certificates to evidence the staff had completed the training. Information was placed in the waiting room to inform patients of the location of the first aid boxes and who the trained first aid staff were at the practice.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

All staff at the practice had completed basic life support and resuscitation training on 24 May 2016.

Additional emergency equipment available at the practice included: airways to support breathing, oxygen masks for adults and children, manual resuscitation equipment (a bag valve mask) and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

Staff recruitment

We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). 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.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in October 2015. The policy identified the practice manager as the lead person who had responsibility within the practice for different areas of health and safety. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: fire, infection control and sharps.

Records showed that fire extinguishers had been serviced in November 2015. Records showed the practice held a fire drill twice a year, with the last one completed on 14 March 2016. We saw these were scheduled for every six months. Records showed five staff members had completed fire marshal training during 2016.

The practice had a health and safety law poster on display in the staff room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05):

Are services safe?

Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in June 2016. A copy of the policy was available to staff in all clinical areas. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last audit was completed on 25 January 2016 and scored 97%.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. A clinical waste contract with a different company covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had spillage kits for mercury and bodily fluids. Both spillage kits were within their use by date.

There was one decontamination room. This was where dental instruments were cleaned and sterilised. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice was latex free to avoid any potential latex allergy. As a result alternative latex free gloves were available

We saw that instruments were being cleaned and sterilised at the practice. A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had one ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. After cleaning instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in the practice's autoclave (a device for sterilising dental and medical instruments). The practice

had one steam autoclave which was designed to sterilise unwrapped or solid instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in February 2016. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance. The practice had an identified member of staff who had completed Legionella training and who oversaw the practice's Legionella risk management.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in June 2016. There was a Landlords gas safety certificate dated 18 July 2016. The pressure vessel checks on the compressor which produced the compressed air for the dental drills and the autoclave had been completed in April 2016.

The practice had all of the medicines needed for an emergency situation, as recommended in the British National Formulary (BNF).

Are services safe?

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had one intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth).

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the dentist and the dental hygiene therapist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

Records showed the X-ray equipment had last been inspected in July 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence dated 27 April 2009 confirmed this had been completed.

The practice used non-digital X-rays. There were systems and processes to ensure the process was completed safely. This reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form at each visit. This was done using an electronic tablet and information including their electronic signature were automatically uploaded into the patients' dental care records. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

A number of patients commented on an improvement in communication at the practice. Patients said in the past they were not always clear about their treatment plan or understood what had been said to them. Every patient who mentioned this also said there had been a big improvement in recent times. Some patients also said that they saw a different dentist every time they came which was frustrating. In response to this the practice had stopped routinely using locum dentists, which provided more continuity in the delivery of dental care.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw the dentist used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentist showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had one waiting room and posters and leaflets relating to good oral health and hygiene were on display. A flat screen television provided information about services offered by the provider at this dental practice and others within the group.

Children seen at the practice were offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. Discussions with the dentist showed they had a good knowledge and understanding 'delivering better oral health' toolkit. We saw a copy of this document in the practice.

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The dental care records contained an oral cancer risk assessment.

Staffing

The practice had one dentist; one dental hygienists/ dental therapist; four qualified dental nurses who also work on the reception desk and a practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

We looked at staff training records for four staff members and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Are services effective?

(for example, treatment is effective)

Records at the practice showed that all staff had an annual appraisal. We saw they were booked for all staff in August 2016. As part of the appraisal process staff completed a personal development plan to identify training needs and behaviours for the coming year. We also saw evidence of new members of staff having an induction programme. The dentist had his appraisal completed by the clinical director and the managing director of the company on 6 April 2016.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to other dental services both within the organisation and externally.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere. This was usually to the maxillo-facial department of the local hospital.

The practice referral system was monitored through a tracking system and all documents were scanned into the patients' dental care records. Staff said the referral system worked well and we saw evidence that referrals had been made promptly.

Consent to care and treatment

The practice had a consent policy which had been reviewed in May 2016. The practice also had a Mental Capacity Act 2005 (MCA) protocol. The issue of capacity was

explored within the protocol and this included making best interest decisions as identified in the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

Consent was recorded in the patients' dental care records, with patients able to provide an electronic signature directly into their records to signify their consent. The dentist discussed the treatment plan, and explained the process, which allowed the patient to give their informed consent.

We saw how consent was recorded in the patients' dental care records. The records showed the dentist had discussed the treatment plan with the patients, which allowed patients to give their informed consent. As most patients received NHS treatment the FP17 DC form which was the standard NHS consent form used to record consent. This consent form was uploaded into the patients' electronic dental care records. A copy of the consent form and treatment plan was also given to the patient.

The consent policy made reference to obtaining consent from children under the age of 18. We talked with the dentist about this and identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a professional approach. We saw many examples of staff treating patients with dignity and respect.

The reception desk was located within the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk. In addition if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen, such as an unused treatment room.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. Patients' dental care records were password protected and held securely.

Involvement in decisions about care and treatment

We received positive feedback from 15 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking to patients in the practice.

The practice offered mostly NHS treatments and the costs were clearly displayed in the practice, in treatment rooms and in reception. The fees for private treatment were also on display.

We spoke with the dentist about how patients had their diagnosis and dental treatment discussed with them. The dentist demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs. We noted that patients' dental care records were detailed and clearly written.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. There were posters in the practice explaining the NICE guidelines in respect of recalls for appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in ground floor premises close to the centre of Wirksworth. There was a small car park at the front of the practice. Alternatively there was road side car parking in the area. There were two treatment rooms both located at ground level.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this the practice made a specific appointment slot available for patients who were in pain. Alternatively patients could come to the practice and sit and wait. We received feedback from patients who said they had been seen quickly in an emergency situation.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

Tackling inequity and promoting equality

There was an equal opportunities policy which had been reviewed in April 2016.

All patient areas were situated on the ground floor. This allowed patients with restricted mobility easy access to treatment at the practice. The treatment rooms were large enough for patients to manoeuvre a wheelchair or push chair.

The practice had two ground floor toilets neither had been adapted to meet the needs of patients with restricted mobility. This was due to the limitations of the building. Taps on the hand wash sinks were push button operated and there were hot air hand dryers.

The practice had completed an access audit in line with the Equality Act (2010) this had been reviewed and updated in

April 2016. The practice could accommodate patients with restricted mobility; however, the practice was not fully accessible due to issues with accessing the toilets for wheelchair users and a step between reception and the treatment rooms. The practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice had access to a recognised company to provide telephone interpreters. Additionally NHS England provided information on accessing interpreters and this included the use of sign language.

Access to the service

The practice's opening hours were - Monday to Thursday: 8:30 am to 5 pm; Friday: 8:30 am to 4 pm.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 number.

The practice operated a text message and e mail reminder service with patients receiving a text or e mail reminder two days before their appointment was due.

Concerns & complaints

The practice had a complaints procedure which had been reviewed in April 2016. The procedure explained how to complain for both private patients and NHS patients. The policy included other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was displayed in the waiting room, and was available in the practice leaflet and on the practice website.

From information received before the inspection we saw that there had been two formal complaints received in the 12 months prior to our inspection. The documentation showed the complaints had been handled appropriately and an apology and an explanation had been given to the patient.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated during 2016. The practice manager identified that all policies were updated on an annual basis. There was a management schedule on display which identified key tasks such as reviewing policies on a monthly basis throughout the year.

We spoke with staff who said they understood the structure of the organisation. Staff said if they had any concerns they would raise these with either the practice manager or the dentist. Alternatively there were senior clinical and management staff within the organisation available to offer support. We spoke with three members of staff who said they liked working at the practice and there was a good staff team.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

There was a practice manager who had a dental nursing qualification and had been working as a practice manager since 2008.

We saw that full staff meetings were scheduled for once a month throughout the year. The agenda covered areas such as: significant events, infection control, and health and safety. Staff meetings were minuted and minutes were available to all staff. When there were learning points to be shared with staff we saw evidence these had been discussed and shared as appropriate.

Observations demonstrated there was a positive attitude towards patients from staff throughout the practice. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in April 2016. The whistleblowing policy identified

how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. A copy of the policy was available on the staff room noticeboard.

Learning and improvement

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: X-ray (radiographs) had been completed in May 2016; dental care records had last been audited in January and May 2016; complaints had been audited in April 2016.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

Records identified that clinical staff had completed within the previous five year cycle radiography, safeguarding, medical emergencies and infection control.

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

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 latest information on the NHS Choices website showed five patients had responded and 80% said they would recommend the practice to their family and friends.

The NHS Choices website: www.nhs.uk had no patient reviews in the year up to this inspection and five in total.

The practice operated its own satisfaction survey on an on-going basis. We saw the most recent audit had been in January 2016. The findings were discussed in a staff meeting on 23 March 2016.