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10 Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 September 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

10 dental is situated close to Southport town centre. The practice has four dental treatment rooms, three hygienists' rooms and a dedicated treatment room used for implant surgery and conscious sedation. Waiting rooms, reception areas and patient toilets are located on both floors of the premises. A comfortable non clinical room is available to discuss treatment options with patients if required and to hold staff meetings. The practice has dedicated X-ray and decontamination rooms in addition to storage and office facilities. There is easy access for patients with restricted mobility and families with pushchairs or young children; with treatment available in one of the ground floor treatment rooms.

The Practice offers mainly private treatment (approximately 95%) to patients of all ages and some NHS dental care services to children. The services provided include preventative advice and treatment, routine and restorative dental care, orthodontics and placing dental implants. One of the dentists carries out conscious sedation. (Conscious sedation - these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

The practice has one principal dentist, who is the owner, and three associate dentists. There are three hygienists, four qualified dental nurses, a trainee dental nurse in

Summary of findings

addition to an assistant practice manager, who is also a registered dental nurse, and receptionist. The practice is open on Monday, Tuesday, Thursday and Friday from 8.30am until 5.00pm; each Wednesday from 8.30am until 6.00pm and alternate Saturday mornings from 8.30 am until 12.30 pm.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

29 patients provided feedback to us about the service and we reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented that staff put them at ease, listened to their concerns and they had confidence in the dental services provided. Patients told us they had no difficulties in arranging routine and emergency appointments.

Our key findings were:

- We found the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients told us they were treated with kindness and respect by staff. The practice provided conscious sedation to patients and staff were knowledgeable about how to support patients who were nervous.
- Patients commented they felt listened to ,were fully involved in their treatment and that they had confidence in the dental care provided.
- Staff were knowledgeable about how to support patients who were nervous.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported and comfortable to raise concerns or make suggestions.
- Patients were able to make routine or emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients. Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owner.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.

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 assess and manage risks to patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. The practice carried out conscious sedation and monitored patients' blood pressure, heart rate and oxygen levels during the procedure. They stored the required medicines securely, including the reversal agent (medicine used to reverse the effects of sedation). There was the required staff to patient ratio during sessions used for conscious sedation and staff were trained to carry out this procedure.

Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

Staff were appropriately recruited, trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

Are services effective?

No action

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

The practice used current national professional guidance, including the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) to guide their practice. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support.

Staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

No action

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

Summary of findings

29 patients provided feedback to us about the service. Patients were positive about the care they received and told us felt fully involved in making decisions about their treatment. Patients commented they had no difficulties in arranging routine and emergency appointments and staff put them at ease and listened to their concerns.

The practice provided patients with information to enable them to make informed choices about treatment. Staff were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

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 practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice was aware of the needs of the local population and took these into account in how the practice was run. For example, staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records. The practice had five ground floor treatment rooms with access into the building for patients with restricted mobility and families with prams and pushchairs.

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

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 a comprehensive system of continuous improvement and learning. This included up to date and accessible policies and procedures and a programme of auditing and risk management. The practice was in the process of introducing an electronic quality assurance system to support their existing governance processes.

Strong and effective leadership was provided by the practice owner and an assistant practice manager. Staff told us they felt supported in their roles and that there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice had systems in place to seek and act upon feedback from patients using the service, learning from complaints and patient questionnaires.

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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.

This inspection took place on the 19 September 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor**.**

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with two of the dentists, three qualified dental nurses, the assistant practice manager and the lead receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We informed the NHS England area team that we were inspecting the practice; we did not receive any information of concern from them.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and incident reporting policies which included information and guidance about RIDDOR-the Reporting of Injuries and Dangerous Occurrences Regulations 2013. Records showed accidents and incidents were discussed and learning shared at meetings in the practice.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare products Regulatory Agency that affected the dental profession (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). The principal dentist reviewed all alerts, discussed them with the assistant manager and shared relevant ones with all staff. The manager described how they had responded to a recent alert and demonstrated they had acted upon it.

Staff were clear about their responsibilities under Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

Reliable safety systems and processes (including safeguarding)

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

The principal dentist confirmed the practice followed guidance from the British Endodontic Society that rubber dams were routinely used in root canal treatment. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice's policies and procedures for safeguarding vulnerable adults and children using the service were reviewed annually and provided staff with information about identifying, reporting and dealing with suspected abuse. Clear guidance and contact details were available for staff for both child protection and adult safeguarding teams in the Sefton area. The principal dentist was the safeguarding lead for the practice and was appropriately trained for this role. All staff had undertaken adult safeguarding and child protection training within the last 12 months.

Medical emergencies

There were clear procedures in place for staff to follow in the event of a medical emergency. All staff had received life support training and this was updated annually. The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients, in accordance with the Resuscitation Council UK and British National Formulary guidelines. This included a range of airways and face masks for both adults and children. Staff had access to an automated external defibrillator (AED) on the premises, (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located. We saw records of checks for emergency equipment and emergency medicines were in place.

Staff had responded to a medical emergency which took place outside the practice in the last 12 months. They discussed the incident at a staff meeting to ensure their emergency procedures had been followed and any learning identified.

Are services safe?

Staff recruitment

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity, checking qualifications and professional registration. The assistant practice manager checked the professional registration for staff each year. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date. Newly appointed staff completed a medical history form to ensure appropriate adjustments were made, if required, to support staff to carry out their work.

It was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff and to repeat these checks every three years. These 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. Records confirmed these checks were in place.

There was a comprehensive induction programme in place for all new staff to familiarise themselves with how the practice worked. This included ensuring staff were knowledgeable about the health and safety requirements of working in a dental practice such as fire procedures, accident and incident reporting and the use of personal protective equipment. The assistant practice manager met with staff monthly during the induction period to review their progress and to identify any specific training needs.

We looked at the files of four members of staff, one of whom had been recruited in the last 12 months. We found they were detailed, well organised and contained appropriate recruitment, employment, and appraisal and training records. Dentists, hygienists and dental nurses were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice). In addition there was employer's liability insurance which covered all employees working in the practice.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff. The practice maintained a record of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, health and safety, treatment rooms, sharps and equipment. They identified significant hazards and the controls or actions taken to manage the risks. All risk assessments were reviewed annually to ensure they were being effectively managed.

Records showed that fire detection and firefighting equipment such as smoke detectors, emergency lighting and fire extinguishers were serviced annually and checked weekly. Evacuation instructions were available in the waiting and reception areas and staff were knowledgeable about their role in the event of a fire. The principal dentist was trained as the fire marshal for the practice. Fire drills were carried out every six months and discussed at the following staff meeting.

The practice had a detailed file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. These were detailed and specific to the running of the practice, dated and regularly reviewed. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included procedures to follow in the case of equipment failure, environmental events such as flooding or fire and staff illness. The policy contained up to date contact details for staff and support services.

Infection control

One of the dental nurses was the infection prevention and control lead and they worked with the principal dentist and assistant practice manager to ensure the infection prevention and control policy and set of procedures were understood and followed by staff. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care

Are services safe?

dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

The practice had cleaning schedules and infection control daily checks for each treatment room which were complete and up to date. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. We observed the treatment rooms in use appeared clean and hygienic; they was free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control. We saw all sharps bins were being used correctly and located appropriately.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment rooms and the decontamination room which minimised the risk of the spread of infection. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system from dirty through to clean.

The practice routinely manually scrubbed used instruments and placed them in an ultrasonic cleaner**,** then examined them visually with an illuminated magnifying glass to check for any debris or damage, then sterilised them in an autoclave (sterilising machine). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. The practice had systems in place for daily testing of the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

General environmental cleaning was carried out according to a cleaning plan and cleaning materials and equipment were stored in accordance with current national guidelines.

A risk assessment for Legionella was carried out in 2015 and the recommended measures advised by the report were in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria colonising water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each week.

Two dentists in the practice undertook the provision of dental implants. During the placement of implants the dentist used a single use surgical drape pack system for the treatment room. These surgical drapes were used to cover all non- essential areas of the treatment room and the patient. Included in the pack were surgeon and nurse gowns, head covers for both staff and patients to prevent the spread of infection during the procedure. The dentist also used sterile single use bags of irrigant which is used as a coolant for the dental drills during the procedure.

Staff completed refresher training regarding infection prevention and control at least annually. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results indicated the practice was meeting the required standards.

Equipment and medicines

There was a comprehensive system in place to check all equipment had been serviced regularly, including the autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely

Are services safe?

manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) was carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had a system for storing, prescribing, dispensing and recording of medicines used. Each treatment room had a supply of anaesthetics and expiry dates were checked regularly as part of stock control procedures and the batch numbers and expiry dates were recorded in patient dental care records. The practice held a small stock of antibiotics and painkillers. These were stored securely and logs were in place to ensure stock control.

Private prescriptions were securely stored and a log of all prescriptions issued and medicines dispensed was retained by the practice to provide a clear audit trail of safe prescribing and dispensing. The dentists used the British National Formulary to keep up to date about medicines.

One of the dentists carried out conscious sedation. (Conscious sedation - these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003. The practice was knowledgeable about the updated guidance issued in 2015. There was the required equipment to monitor for example, patients' blood pressure, heart rate and oxygen levels during the procedure and the necessary medicines, including the reversal agent (medicine used to reverse the effects of sedation). Checks were in place to ensure they were available and safe to use.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to the X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out every six months. The results of the most recent audit in June 2016 confirmed they were meeting the required standards which reduced the risk of patients and staff being subjected to further unnecessary radiation. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines to ensure they were required and necessary. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance and these were reviewed in the practice's programme of audits. Staff were up to date with their continuing professional development (CPD) training in respect of dental radiography. One of the dental nurses was completing their radiography training to support them in an extended duty role.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out assessments and treatment in line with National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP), Department of Health and General Dental Council guidelines. For example, the practice referred to guidelines in relation antibiotic prescribing and in deciding when to recall patients for examination and review.

The practice kept detailed electronic records of the care given to patients. We reviewed a sample of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. **T**hey included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. For example we saw details of the condition of the gums using the basic periodontal examination (BPE) scores (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums). Medical history checks were updated at least every 12 months and staff routinely asked patients at every visit if there had been any changes to their health conditions or current medicines being taken. Patients commented they were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit' (DBOH). (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, the prescription of high concentrated fluoride tooth paste and the placing of fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) . Three dental hygienists supported this area of work, for example by attending local schools, nurseries and care homes to advise on maintaining good oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health.

Staffing

The dental team consisted of four dentists, three hygienists, four qualified dental nurses, a trainee dental nurse; in addition to an assistant practice manager, who was also a registered dental nurse, and receptionist. Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. There was the required staff to patient ratio during sessions used for conscious sedation and staff were trained to carry out this procedure.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. For example, the practice ensured staff training requirements in conscious sedation as set out in The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015 were met.

Mandatory training was identified and included basic life support, safeguarding and infection prevention and control. Records showed staff were up to date with this learning. Dentists and dental nurses told us they had good access to training to maintain their professional registration. The assistant practice manager kept records of staff training to monitor that mandatory training and training identified in personal development plans were being completed.

The assistant practice manager, dental nurses and receptionist had annual appraisals at which learning needs and general wellbeing were discussed. The principal dentist met routinely with the associate dentists and dental hygienists to discuss clinical procedures and consider learning from audits, incidents and complaints.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant

Are services effective?

(for example, treatment is effective)

information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. The dental care records we looked at showed consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

Staff described the role family members and carers and health professionals have had in supporting patients to understand and make informed decisions. Staff had received training in and were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 27 CQC comment cards patients had completed prior to the inspection and spoke with two patients on the day of the inspection. Patients commented they were treated with respect and dignity and that staff were sensitive to their needs. Staff were prompted to be aware of patients' specific needs or medical conditions via alerts on the electronic dental care records. Staff were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

The reception was set apart from the waiting rooms and had a confidential area to allow staff privacy to make phone calls. A comfortable non clinical room was available to discuss treatment options with patients if required. Treatment room doors were closed at all times when patients were being seen.

Patients' dental care records were stored electronically. Paper records, such as referral records and updated medical history forms, were scanned into the patient's dental care record prior to shredding. Computers were password protected and regularly backed up to secure storage. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality. Staff had access to training and written guidance regarding information governance, data protection and confidentiality.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Treatment plans and associated costs were discussed with each patient. This gave patients clear information about the different elements of their treatment and the costs relating to them. Patients signed their treatment plan before treatment began. Treatment costs were available in the practice and on the website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information in practice leaflets, on their answer-machine and on their website about the services they offered. This included the practice opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. Each dentist had appointments available daily to accommodate such requests. Staff told us patients were seen as soon as possible for emergency care and this was normally on the same day.

The practice was aware of the needs of the local population and took these into account in how the practice was run. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

Each dentist decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment. Patients commented they had good access to routine and urgent appointments, sufficient time during their appointment and they were not rushed.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place to support staff in understanding and meeting the needs of patients. The practice had a ramp at both entrances to the premises for easy access into the building for patients with restricted mobility and families with prams and pushchairs. There were downstairs treatment and hygienists' rooms, toilet facilities and a disabled car parking space.

Staff had access to a telephone interpreter service to support patients with English as a second language and an induction loop for patients with a hearing impairment was available.

Access to the service

Practice opening times were Monday, Tuesday, Thursday and Friday from 8.30am until 5.00pm; each Wednesday from 8.30am until 6.0pm and alternate Saturday mornings from 8.30 am until 12.30 pm. The practice displayed its opening hours in their premises and on the practice website. There were clear instructions in the practice and via the practice's telephone answer machine for patients requiring urgent dental care when the practice was closed. CQC comment cards confirmed patients felt they had good access to routine and urgent dental care.

The practice offered early morning appointments and operated extended opening hours until 6pm one day each week and on alternate Saturday mornings to support patients to arrange appointments in line with other commitments and to respond to requests for urgent appointments.

Concerns & complaints

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

The practice had received four complaints in the last 12 months. We found the practice responded promptly and ensured any learning was shared within the team and acted upon. For example the practice introduced staggered lunch times so that a member of staff was always available to answer the telephone over the lunch time period.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and assistant practice manager had day to day responsibility for running the practice. They took lead roles relating to the individual aspects of governance such as responding to complaints, risk management, audit, maintenance of equipment and staff support. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies and procedures were in place and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments and the control measures in place to manage the risks relating to fire and equipment in the dental practice.

There was a comprehensive range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about health and safety, data protection and confidentiality. Policies and procedures were kept under review by the assistant practice manager on an annual basis and updates shared with staff to support the safe running of the service. The practice was in the process of introducing an electronic quality assurance system to support their existing governance processes, for example it provided staff with an alert about new or updated policies or procedures and created a clear audit trail to show that staff had read the new documentation.

Leadership, openness and transparency

Strong and effective leadership was provided by the principal dentist and an assistant practice manager. The practice had a statement of purpose that described their vision, values and objectives of providing high quality dental care to their patients. Staff told us that there was an open culture within the practice which encouraged candour and honesty. The principal dentist told us patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were structured arrangements for effectively sharing information with and involving the dental team, including holding monthly meetings for the whole team in addition to nurse, dentist and management meetings. We reviewed the agendas of meetings held in 2016 and found they covered key issues for the dental practice such as operational updates, staff training, feedback from audits and discussion regarding patient comments.

Learning and improvement

There was a rolling programme of clinical and non-clinical audits taking place at the practice to monitor and continually improve the quality of the service. This included infection prevention and control, record keeping and X-ray quality. The practice discussed the results and identified where improvement actions may be needed. For example the most recent audit of patient dental care records was completed in June 2016 and included 10 dental care records from each of the dentists and hygienists. The principal dentist discussed the outcome of the audit with each member of staff and the overall themes were reviewed by the dental team as a learning opportunity. More detailed action plans were being developed to support learning from audits.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system**.** The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Training records were maintained for all staff to ensure they had the right skills and experience to carry out their work. Staff working at the practice were supported to maintain their continuous professional development as required by the GDC. Staff told us they felt supported in their roles and that there was an open and transparent culture at the practice which encouraged candour and honesty.

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

The practice had systems in place to seek and act upon feedback from patients using the service. Patients were invited to complete questionnaires every three months and these were shared with staff and acted upon, for example the practice extended its opening hours and installed a bike rack for patients' use.

Staff we spoke with told us their views were sought and listened to and that they were confident to raise concerns or make suggestions.