

Dr. James Burgess

Rocky Lane Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 March 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 not providing well-led care in accordance with the relevant regulations.

Background

The practice is situated in Heswall town centre. The practice has one dentist, two dental hygienists, three

qualified dental nurses and a receptionist. The practice provides primary dental services to predominately private patients and some NHS patients. The practice is open as follows:

Monday 8am – 4pm

Tuesday 9am – 5.30pm

Wednesday 9am – 3pm

Thursday 10am – 7pm

Friday 8.30am – 4pm

The principal dentist is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from 47 patients about the service. The 44 CQC comment cards seen and three patients spoken to reflected very positive comments about the staff and the services provided. Patients commented that the practice appeared clean and tidy and they found the staff very caring, friendly and professional. They had trust and confidence in the dental treatments and said explanations from staff were clear and understandable.

Our key findings were:

- The practice recorded accidents and complaints and cascaded learning to staff when they occurred.

Summary of findings

- Staff had received safeguarding training and knew the processes to follow to raise any concerns. However some staff's training was out of date.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and emergency equipment were available.
- Infection prevention and control procedures were in place.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt valued, involved and worked as a team.
- There was a lack of a robust governance framework with a lack of audits, systems for patients to feedback, quality monitoring and written information for patients in relation to services provided and how to make complaints.

We identified a regulation that was not being met and the provider must:

- Ensure a practice recruitment policy and related procedures are implemented and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of the service. The practice should also ensure all audits have documented learning points that are shared with all relevant staff and the resulting improvements can be demonstrated as part of the audit process.
- Ensure a system is implemented by which patient views are encouraged, obtained, analysed and used to help improve services.
- Ensure that the complaints process is publicised and patients are informed and supported to make complaints when appropriate.
- Ensure that audit and governance systems remain effective by implementing a full range of appropriate policies and procedures for the service and review and monitor their effectiveness on a regular basis.
- Ensure risk assessments are reviewed and updated to reflect current regulations and guidance and are continually monitored, including health and safety, fire risk assessments and Legionella risk assessment.

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

- Review the practice's system for the recording, investigating and reviewing of clinical incidents and significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the format of staff meetings to include documented dissemination of lessons learnt from significant incidents, events and complaints and sharing improvements from audits and patient feedback.
- Review the practice's policies and procedures for safeguarding to include the identification of a safeguarding lead and that training at an appropriate level is undertaken on a regular basis by all staff.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review displaying of local rules where X-ray equipment is used.
- Review the implementation of a business continuity plan in order to minimise the risks and be able to respond to and manage major incidents and emergency situations.
- Review the implementation of a practice information leaflet to inform patients of the services offered, opening times, costs, staffing and the complaints procedure. Publicise information for patients on how to access emergency dental care and treatment outside of normal practice working hours.

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 systems and processes in place to ensure care and treatment was carried out safely. The practice documented and investigated accidents, incidents and complaints. There had been no significant events reported in the last 12 months.

Safety alerts were received by the practice and disseminated to relevant staff for action. However we found that the alerts were not documented and there was no evidence of the response by the practice.

There were systems in place to reduce and minimise the risk and spread of infection and the premises and equipment were clean, secure and properly maintained.

We found the equipment, including medical emergency, and radiography equipment, used in the practice was well maintained and tested at regular intervals. However local rules were not displayed where X-ray equipment was used.

Most staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults. However there was no formally identified lead at the practice for safeguarding and update training was out of date for some staff.

Are services effective?

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

Patients received an assessment of their dental needs including recording and assessing their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and consented to. The practice kept detailed dental records of oral health assessments, treatment carried out and monitored any changes in the patients' oral health. The practice emphasised the promotion of good oral health and provided regular oral health advice and guidance to patients.

National Institute for Health and Care Excellence (NICE), national best practice and clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for patients was effective, evidence based and focussed on the needs of the individual. Patients were referred to other services in a timely manner.

The 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?

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

Patients were treated with dignity and respect and their privacy maintained. Patients spoke highly of the care and treatment given.

We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Staff were highlighted to special needs or medical conditions of patients through a flagging system on the computer which helped them treat patients individually and with care and understanding. Patients who were nervous or anxious about attending the dentist were cared for with compassion that helped them feel more at ease.

Summary of findings

Are services responsive to people's needs?

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

The practice was aware of the needs of their patients and took these into account in how the practice was run. Patients had good access to appointments at the practice and were able to access urgent appointments in a timely manner when needed.

There were good dental facilities in the practice and there was sufficient well maintained equipment to meet patients' needs. Appointment times were convenient, met the needs of patients and they were seen promptly. The practice was accessible and accommodated patients with a disability or lack of mobility. Treatment rooms and an accessible toilet were located on the ground floor.

There was a complaints policy in place. However this was not dated, reviewed or publicised. There was no written information available regarding the practice services and complaints.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

The practice had poor governance systems in place to assess, monitor and improve the quality and safety of services.

The practice staff met regularly to review all aspects of the delivery of dental care and the management of the practice. However these meetings were informal, not documented and dissemination of information was not evident.

Feedback about the quality of care was not encouraged, there were no records or analysis of feedback in order to improve the quality and safety of services. The complaints policy and procedure was not publicised and no written information was available for patients regarding the services provided at the practice, access to out of hour's services and how to complain.

There was a lack of clinical audits in place. Basic general risk assessments were in place that were in need of review and updating. Policies and procedures in place at the practice were not dated and therefore it was difficult to assess how frequently they were reviewed and updated with changes in regulations and guidance. There was no policy or procedures to follow for safe recruitment of staff.

The practice had a clear leadership structure in place and shared roles and responsibilities amongst staff. Staff were well supported by the principal dentist and each other as a team. Good team working was evident, staff enjoyed working at the practice and were motivated to develop skills and maintain their professional development.

Rocky Lane 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.

The inspection took place on 8 March 2016 and was conducted by a CQC inspector and a dental specialist advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included any complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed information we held about the practice and found there were no areas of concern. During the inspection we spoke with the dentist and dental nurses. We reviewed policies, procedures and other documents. We reviewed 44 CQC comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice and spoke to three patients on the day of inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to report, analyse and learn from accidents, incidents and complaints; however there had been no documented reported significant events or complaints in the last 12 months. We discussed examples of possible scenarios of clinical incidents that may occur in the practice. We were satisfied that in the event of a significant clinical incident occurring this would be reported and analysed in order to learn from the incident and put improvements in place to prevent reoccurrence. The practice told us they would implement a formal incident reporting system in preparation.

Staff were aware of how to report accidents and incidents and were encouraged to bring safety issues to the attention of the dentists. The practice had a no blame culture and policies were in place to support this. The dentist had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means people who use services are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result and that the provider knows when and how to notify CQC of incidents which cause harm.

We found that patient safety alerts were received by the practice, however we found that the alerts were not documented and there was no evidence of response by the practice.

Reliable safety systems and processes (including safeguarding)

The practice had a local policy and procedure in place for the protection of vulnerable adults and children. There were local safeguarding authority's contact details and guidance available. There was no formally identified lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. The practice told us they would establish a lead person and ensure they were suitably trained in order to undertake the role. Staff were able to demonstrate that they understood the different forms of abuse and how to raise concerns. Training records showed that most staff had received safeguarding training for both vulnerable adults and children; however some staff training was out of date.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records were electronic and contained a medical history that was obtained and updated prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were all well-structured and contained sufficient detail to demonstrate what treatment had been prescribed or completed, what was due to be carried out next and details of possible alternatives.

A rubber dam was routinely used in all root canal treatments, some other treatments and was latex free. This was clearly documented in the dental records we reviewed where root canal treatment had been undertaken. A rubber dam is a thin rubber sheet, used in dentistry to isolate the operative site from the rest of the mouth and protect the patient's airway.

Computers were password protected and data regularly backed up to secure storage. Screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff received basic life support training annually. Staff we spoke with were able to describe how they would deal with medical emergencies.

Emergency medicines and oxygen were available. This was in line with the Resuscitation Council UK and British National Formulary guidelines. The practice had an automated external defibrillator (AED) as part of their equipment. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). AEDs are recommended as standard equipment for use in the event of a medical emergency by the Resuscitation Council UK. We found that medicines and equipment were checked to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

Are services safe?

The practice did not have a recruitment policy in place to follow to ensure staff were recruited in line with requirements relating to workers. Staff records we reviewed demonstrated that all clinical staff had undertaken a Disclosure and Barring Service (DBS). Clinical staff had evidence of registration with their professional body the General Dental Council (GDC) and appropriate indemnity insurance. The GDC is the organisation which regulates dentists and dental care professionals in the United Kingdom. We found that staff files generally contained the information required relating to workers.

Newly employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. Job descriptions and contracts of employment were evident.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred they would cover for their colleagues.

Monitoring health & safety and responding to risks

Basic health and safety policy and risk assessments were in place. These were in need of review and updating to maintain procedures reflective of current safety regulations and guidance. There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, COSHH, Legionella and fire safety.

We saw records to demonstrate that fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested. Fire drills were carried out on a regular basis. However the practice did not undertake formal fire safety training on a regular basis.

The practice did not have a business continuity plan in place in order to minimise the risks and be able to respond to and manage major incidents and emergency situations.

Infection control

The practice was visibly clean, tidy and uncluttered. The practice clinical areas had been furnished to a high standard and the treatment rooms had units, work surfaces and furniture that promoted good infection prevention and control. There was an overarching infection control policy in place and supporting policies and procedures which detailed decontamination and cleaning. General cleaning was undertaken by a contracted cleaner following a

prescribed schedule. Responsibility for cleaning the clinical areas in between patient treatments was identified as a role for the dental nurses and we observed how they undertook this.

There was a lead dental nurse for infection control and decontamination in the practice. Staff had received training in infection prevention and control as part of their continuous professional development. We saw that the practice had undertaken an infection control audit in 2012, however this did not detail any actions needed and had not been repeated in order to demonstrate ongoing compliance with current Department of Health's guidance, Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). The practice responded and showed us an audit tool they would use to carry out audits of infection, prevention and control.

We found that there were adequate supplies of liquid soaps and paper hand towels throughout the premises. Posters describing proper hand washing techniques were displayed throughout the practice. There was a policy and procedure for dealing with inoculation /sharps injuries. Sharps bins were properly located, signed, dated and not overfilled. The practice operated a safer sharps system in accordance with Health and Safety (sharp instruments in healthcare) Regulations 2013. A clinical waste contract was in place. Clinical waste was stored in lockable bins until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated local decontamination unit (LDU). The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye/face wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, the dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice cleaned their instruments manually and with an ultrasonic cleaner. Instruments were examined using an illuminated magnifying glass to enable closer inspection of instruments after cleaning. Instruments were then sterilised in a validated autoclave. At the end of the sterilising procedure the instruments were

Are services safe?

correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they had an expiry date that was within the recommendations of the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff changing facilities were available and staff were aware of the uniform policy, and we saw staff adhering to this policy. Staff were well presented and wore uniforms inside the practice only. We saw and were told by patients that they wore personal protective equipment when treating patients. We saw documented evidence that clinical staff had received inoculations against Hepatitis B. People who are likely to come into contact with blood products and are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a legionella risk assessment and conducted regular cleaning of the dental unit waterlines (DUWL). However we did not see evidence of regular temperature tests on the sentinel taps in the hot and cold water supplies. A Legionella risk assessment is a report by a competent person giving details as to how to control the risk of the legionella bacterium spreading through water and other systems in the work place.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments, X-ray sets, dental chairs and all equipment in the treatment rooms. There were processes in place to ensure tests of equipment were carried out appropriately and there were records of service histories for each of the units and equipment tested.

We found that portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process under which electrical appliances are routinely checked for safety.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes. Emergency medicines were stored safely and checked to ensure they did not go beyond their expiry date.

Radiography (X-rays)

X-ray equipment was used and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. We noted that local rules were not displayed in areas where X-rays were carried out.

The practice maintained a radiation protection file which contained all the required information in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained notification to the Health and Safety Executive (HSE) and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years.

The dental care records we saw showed that dental X-rays were justified and reported on every time. X-rays were taken in line with current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. However the dentist did not routinely carry out audits of the quality of the X-ray images on a regular basis and maintain these records.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with the Faculty of General Dental Practice, (FGDP), guidelines and General Dental Council guidelines. The dentist we spoke to described how examinations and assessments were carried out. Patients attending the practice for a consultation received an assessment of their dental health which began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence, and were told by patients, that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and looking for the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. Details of the treatment were also documented and included local anaesthetic details including type, the site of administration and batch number and expiry date.

We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment. The dental care records adhered to the FGDP guidance. Medical histories had been updated. Details of the treatments carried out were documented. We saw patients' signed treatment plans. Patients confirmed to us in feedback that their individual needs were taken into account, for example, we saw that appointments could be lengthened should an anxious patient need more time.

We saw evidence that the dentist used current National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews guidelines, to assess each patient's risks and needs and to determine how frequently to recall them.

We reviewed 44 CQC comment cards and spoke to three patients on the day of inspection. Feedback we received reflected that patients were very satisfied with the assessments, explanations and the quality of the treatment.

Health promotion & prevention

The staff and patients we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Preventative dental advice and information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures. Where appropriate, dental fluoride treatments were prescribed and referrals to dental hygienists were made.

The prevention of dental disease was part of the practice's philosophy. To facilitate this philosophy, the practice used the services of dental hygienists who worked under the prescription of the dentist. They provided a variety of treatments including simple scaling and polishing of teeth to more complex gum treatments for patients suffering from the more aggressive forms of gum disease. They would also provide tailored preventative advice and treatments as necessary.

The waiting room and reception area at the practice contained literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood, smoking and alcohol advice was also given to them. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The sample of dental care records we observed demonstrated that dentists had given oral health advice to patients. Oral Health products such as tooth brushes, inter dental cleaning aids and fluoridated tooth paste were for sale and available at the reception desk.

Staffing

The practice had one dentist, two dental hygienists, three qualified dental nurses and a receptionist. Dental staff were appropriately trained and registered with their professional body.

Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and this activity contributes to their professional development. The practice used a variety

Are services effective?

(for example, treatment is effective)

of means to deliver training to staff, for example, online training, manufacturer's seminars and videos, 'lunch and learn' sessions and staff meetings. Nurses were able to discuss examples of various training they had received.

We saw evidence of some core training having taken place such as basic life support and infection control. However there was no documented practice training plan to ensure staff received core training in topics such as health and safety and fire safety. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

Annual staff appraisals and performance reviews took place. Staff told us they would also have informal discussions with the dentist about their performance and any training /development needs. They told us that the practice was supportive and staff were always available for advice and guidance. We saw that the dental nurses were supported to undertake further training relevant to their role such as radiography.

Working with other services

The dentist explained how they worked with other services. They were able to refer patients to a range of specialists in secondary and tertiary care services if the treatment required was not provided by the practice for example in the case of suspected oral cancers and for specialised orthodontic treatments. The process for referral was discussed.

Consent to care and treatment

Staff we spoke with on the day of our visit had a clear understanding of patient consent issues. The dentist understood the importance of communication skills when

explaining care and treatment to patients to help ensure they had an understanding of their treatment options. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. We also noted that in instances where treatment plans were more complex the patient was provided with a written statement of the individual findings in language that they could understand. We saw evidence that patients were presented with treatment options and consent forms and treatment plans were signed by the patient.

The dentist explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. They told us they allowed patients time to think about the treatment options presented to them. This was confirmed by patients we spoke with.

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken.

The dentist and dental nurse explained how they would obtain consent from a patient who suffered with any mental impairment which might mean that were unable to fully understand the implications of their treatment. They explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy and confidentiality. Treatment rooms were situated away from the main waiting area and we saw that doors were able to be closed at all times when patients were with the dentist and therapist. Conversations between patients and dentists could not be heard from outside the rooms which protected patients' privacy.

Patients reported they felt that practice staff were kind, helpful and caring and they were treated with dignity and respect at all times. Comments also told us that staff always listened to concerns and provided patients with good advice to make appropriate choices in their treatment.

Staff were clear about the importance of emotional support needed when delivering care to patients who were

very nervous or fearful of dental treatment. This was supported by patients' comments reviewed which told us that they were well cared for when they were nervous or anxious and this helped make the experience better for them.

Involvement in decisions about care and treatment

The dentist explained that patients were given time to think about the treatment options presented to them and made it clear that a patient could withdraw consent at any time. Patients told us that they received a detailed explanation of the type of treatment required, including the risks, benefits and options. Costs were made clear in the treatment plan. We reviewed a number of records which confirmed this approach had taken place.

Patients' comments told us that the staff were professional and care and treatments were always explained in a language they could understand. Information both written and verbal was given to patients enabling them to make informed decisions about care and treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

Information displayed on the website described the range of services offered to patients. However there was no written information leaflet displayed or available for patients to read regarding services, staff, costs and emergency/out of hours treatment nor was there any publicised information in relation to the complaints procedure. The practice provided mostly private treatment and some NHS care. Treatment costs were clearly displayed.

The practice premises were spacious, well maintained and provided a comfortable environment.

The practice tailored appointment lengths to patients' individual needs and patients could choose from morning, daytime or early evening appointments.

Patients could request appointments by email, telephone or in person. The practice supported patients to attend their forthcoming appointment by having a reminder system in place.

Tackling inequity and promoting equality

Each patient contact was recorded in the patient's dental care record. New patients completed a medical history and dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and relevant social/lifestyles history. They also aimed to capture the patient's expectations in relation to their needs and concerns which helped direct the dentist to provide the most effective form of care and treatment. Staff were

highlighted to special needs or medical conditions of patients through a flagging system on the computer which helped them treat patients individually and with care and understanding.

The practice had good facilities and was accessible to patients with reduced mobility and those using wheelchairs. Treatment rooms and an accessible toilet were located on the ground floor.

Access to the service

The practice did not display emergency appointment and out of hours information on the website or in the practice. They did not have a written practice information leaflet either.

Appointment times and availability met the needs of patients. There were longer appointments for those with enhanced needs or anxious patients. Waiting times and delays were kept to a minimum. Patients commented that they had sufficient time during their appointment for discussions about their care and treatment and for planned treatments to take place.

Concerns & complaints

The practice had a complaint policy and procedure however this was not dated and in need of review to reflect current regulations and guidelines. There was no specific information for patients in relation to how to make a complaint and other sources they could go to should they not be satisfied with the outcome of the complaint. Staff we spoke with were aware of the procedure to follow if they received a complaint.

There had been no complaints received in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

There was a clear organisational structure and staff we spoke with were aware of their roles and responsibilities within the practice.

The practice lacked robust governance arrangements for monitoring and improving the services provided for patients.

There was a lack of clinical audits. The practice should monitor and assess the quality and safety of services by carrying out audits, reporting on these and sharing information to ensure lessons are learnt and improvements made to practice. For example an infection control audit had been undertaken four years ago with no evidence of action planning and continuous monitoring to ensure improvements are maintained. There was no evidence of other audits that should be carried out on a regular basis including record keeping and assessing the quality of radiographs. The practice responded and developed an audit plan for all staff to implement.

There were general environmental and COSHH risk assessments in place; however these were basic in detail, not dated and there was no evidence of them being reviewed to ensure they were current and up to date with relevant regulations and guidance. There was no formal fire risk assessment and fire safety training did not take place annually.

There were some policies and procedures in use at the practice. These included safeguarding children and vulnerable adults, infection prevention control and complaints. Staff were aware of the location of the policies and were able to discuss procedures in place for example infection control and decontamination which indicated to us that they had read and understood them. Policies were not dated and some did not reflect current guidelines, for example the complaints policy. Some required policies such as a recruitment policy and associated procedures were not in place. Policies and procedures were not audited for their effectiveness.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with the dentist

or other staff if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to raise any concerns.

Staff were aware of whom to raise any issues with and told us that the dentists and other staff listened to their concerns and acted appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Staff could articulate the values and ethos of the practice to provide high quality dental care for all patients in a relaxed and comfortable environment that leaves the patient with a positive experience and puts the patient first.

Management lead through learning and improvement

Staff told us the practice supported them to maintain and develop through training, development and mentoring. Regular appraisals took place.

The practice staff attended training days, “lunch and learn” sessions and also received training online. These included basic life support and infection control, however some formal core training such as fire safety was not evident and safeguarding training was out of date for some staff. Although staff were able to maintain their own CPD, an effective practice training plan was not in place which covered core health and safety topics.

The dentists and dental nurses kept themselves up to date with current best practice guidelines for dentistry. The dental professionals were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff were encouraged and supported to maintain their continuous professional development as required by the GDC.

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

The practice staff told us that patients could give feedback at any time they visited. There was a notice in the waiting area stating patients could feedback their experience online through the website. However there was no active method of seeking and acting on feedback from patients or continually monitoring feedback and improving the services provided.

Are services well-led?

They had not received any complaints in the last 12 months; however information about how to complain was not available in written form, displayed in the practice or on the website. Patients we spoke with were unaware of the procedure to complain.

There was no effective method of communication to disseminate information regarding quality and safety of

services. Staff held regular practice meetings, however these were not documented and staff worked part time so not all staff attended every meeting. Staff meetings could be more useful by addition of governance agenda items such as review of significant events, complaints and audits.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of services provided.</p> <p>The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others.</p> <p>The provider did not have effective systems in place to seek and act on feedback from patients and staff</p> <p>17 (1) (2) (a), (b), (e), (f)</p>