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Linden House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 4 February 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 not 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

Linden House dental practice is located near to the centre of Harrogate, North Yorkshire. They provide private dental care and treatment for adults and children receive treatment under the National Health Service (NHS). Parking is available locally. The practice also offers a dental care plan where patients pay a monthly subscription.

The practice currently has five dentists, two dental hygienists, five dental nurses, one receptionist and the registered provider is also the practice manager.

All four surgeries are located on the first floor of the building. There is also a reception and waiting area, a decontamination room, a dental panoramic radiography room/office, and a staff room.

The practice is open:

Monday – Friday 08:40 – 17:30

On the day of inspection we received 34 CQC comment cards providing feedback and spoke with six patients The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and were very pleased with the service. They found the staff to be kind, professional, friendly and the treatment to be first class. Also the staff had good communication skills,

Summary of findings

were efficient and caring and they were treated with dignity and respect in a clean and tidy environment. One patient did comment about better access to the practice opening times.

Our key findings were:

- Staff had been trained to manage medical emergencies.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection prevention and control procedures were in accordance with the published guidelines.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- 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 confidentiality was maintained.
- The appointment system met patients' needs.
- The practice sought feedback from staff and patients about the services they provided.

We identified regulations that were not being met and the provider must**:**

- Ensure availability and checks of all medicines and equipment used to manage medical emergencies are in place giving due regard to guidelines issued by the British National Formulary and the Resuscitation Council (UK)
- Implement COSHH risk assessments for all dental materials used within the practice.
- Ensure all practice specific risk assessments are implemented.
- Ensure all audits have a documented action plan with guidance on improvements required and timescales for review.

You can see full details of the regulations not being met at the end of this report.

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

- Store clinical waste securely.
- Review the process for checking all dental materials and equipment are in date.
- Review that the local rules are practice specific and are available for each piece of X-ray equipment giving due regard to the legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Review the protocol for receiving, sharing and acknowledging alerts by e-mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness
- Review the complaints policy to make it more easily accessible to patients within the practice waiting room.
- Review the practice policies and procedures ensuring there are practice specific and in line with current guidelines.
- Update the recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Implement a plan to review what the practice requires to meet best practice guidelines set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05).
- Avoid storage of food in the same fridge where dental materials are stored are recorded daily.

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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice did not have effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, the oro-pharyngeal airways were out of date as were the syringes.The medical emergency oxygen would not last the recommended length of time. This was brought to the attention of the registered provider and new equipment was ordered whilst the inspection was taking place and evidence of this was seen.

Staff had received training in safeguarding adults. However there was evidence most staff needed an update of training in safeguarding children and adults as was the lead. Staff were aware how to recognise the signs of abuse and who to report it too.

The practice had no COSHH assessments in place to risk assess any materials stored on the premises.

There were no practice specific risk assessments in place.

There was a decontamination room and guidance for staff to provide effective decontamination of dental instruments was in place, however there was no evidence when the infection control policy had been reviewed.

Patients' medical histories were obtained verbally before any treatment took place. This provided the dentist with up to date information about any health or medication issues which could affect the planning of treatment.

The practice did not have an up to date recruitment policy to ensure suitably trained and skilled staff met patients' needs however the last member of staff to join the practice nine years ago. There was sufficient numbers of staff available at all times.

We reviewed the Legionella risk assessment dated July 2011. There was evidence of recent water testing being carried out by an external company that covered the maintenance of the whole building.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Summary of findings

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Comments on the 34 CQC comment cards providing feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and were very pleased with the service. They found the staff to be kind, professional, friendly and the treatment to be first class. Also, the staff had good communication skills, were efficient and caring and they were treated with dignity and respect in a clean and tidy environment. One patient did comment about better access with regards to the practice's opening times.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice was not accessible for patients in a wheelchair as the practice was located on the first floor. However, where possible reasonable adjustments had been made to accommodate patients with a disability or limited mobility.

The practice had a complaints process; however this was not easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patients' advice leaflets available in the waiting room.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Staff reported the registered provider was approachable, they were able to raise issues or concerns at any time and they felt supported in their roles. The culture within the practice was seen by staff as open and transparent.

There was a clearly defined management structure in place. The registered provider and lead dental nurse were responsible for the day to day running of the practice.

The practice sought some feedback from patients in order to improve the quality of the service provided. However, no action plans were in place to review and discuss the feedback provided from patients.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, patient dental care records and X-rays. However no action plans or learning outcomes were in place and each audit was not clinician specific.

Linden House Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 4 February 2016 and was led by a CQC Inspector and a specialist advisor.

We informed NHS England area team and Healthwatch North Yorkshire that we were inspecting the practice; however we did not receive any information of concern from them

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with three dentists, three dental nurses (including the lead dental nurse), the receptionist and the registered provider. We saw policies, procedures and other records relating to the management of the service. We reviewed 34 CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had one entry recorded in the last 12 months; evidence of historical events had been processed in accordance with the practice policy. The practice also recorded significant events and there was evidence of two incidents over the past 12 months.

The registered manager told us they did not have a system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. .

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered provider was the lead for safeguarding, however there was no evidence of what level this was to and this was now due to be updated. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults however this was due to be updated and further training for safeguarding children was required. Staff could easily access the safeguarding policy. The dentists demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient in line with guidance from the British Endodontic Society.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (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).

The practice kept medicines and equipment for use in a medical emergency in the office. The medical emergency oxygen cylinder did not have the required amount of oxygen to last the recommended amount of time. The oropharyngeal airways, adult and child sized medical oxygen masks were out of date. These issues were brought to the attention of the registered provider and an order was placed immediately. Evidence of this was seen on the day of the inspection.

All staff knew where these items were kept. We saw the practice kept logs which indicated the medical oxygen cylinder and medical emergency medicines were checked weekly. We felt a more robust process needed to be implemented to ensure all equipment is checked thoroughly. This would ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates.

Staff recruitment

The practice did not have a policy for the safe recruitment of staff which should include seeking references, proof of

Are services safe?

identity, checking relevant qualifications and professional registration. However, the last member of staff to join the practice was nine years ago. This was brought to the attention of the registered provider.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. There was no system in place to review or risk assess the need to review when or if a DBS check needed to be renewed. This was brought to the attention of the registered manager on the day of the inspection.

We saw all staff had their own personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

There was limited evidence the practice had undertaken any risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety and manual handling of clinical waste. We saw the policy had been reviewed recently, However it was not practice specific and some of the legislation had changed since the policy had been implemented.

The practice had a Control of Substances Hazardous to Health (COSHH) folder that was due to be reviewed and updated fully. This should include risk assessments completed for any materials used on the premises. 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. We brought this to the attention of the registered provider during the inspection.

The registered provider had evidence of a fire risk assessment being completed for the practice in 2009 and unless the practice had any changes this was not due for review until 2019. We observed the fire extinguishers had been checked annually to ensure that they were suitable for use if required. We noted the fire extinguishers had been checked in November 2015. There was evidence that fire drills had been undertaken six monthly; this and other measures should be taken to reduce the likelihood of risks of harm to staff and patients. The building management had a fire marshall in place to ensure the correct protocol was carried out in the event of a fire.

Infection control

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff, in addition two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We discussed with staff appropriate personal protective equipment when working in the decontamination area this included disposable gloves and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were hand scrubbed, examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed and stored. However, we found not all bagged instruments had an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lockable boxes however there was not an effective system in place to ensure the transportation containers were cleaned effectively. No containers were available to transport clean instrument back to the surgery.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that it was functioning properly.

We saw from staff records that all staff had received infection control training in at various intervals during 2015.

Are services safe?

There was adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries, however the soap had been decanted from a large container in to small dispensers that were reused. HTMO-105 states "refillable hand-wash containers should not be used as bacteria can multiply within many products and therefore become a potential source of contamination". A poster describing proper hand washing techniques was not displayed above one of the hand washing sinks, this was in the process of being replaced. Paper hand towels and liquid soap was also available in the toilet.

We saw the sharps bins were being used correctly and located appropriately in all surgeries , however these did not always have the information required to say who made the sharps container and when it had been opened. Clinical waste was not always stored securely for collection. This was stored in a room behind the staff room and a code lock was in place but not currently used routinely. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The recruitment files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last legionella risk assessment review dated July 2011. The practice had an external company that tested the building as a whole. This included monthly water temperature tests and an annual review of the risk assessment. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually. There was also an electrical installation condition report that had been completed in December 2015.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in November 2015 to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressor and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Other than emergency medicines the practice also held a selection of antibiotics to dispense to patients. These were not always stored securely, however logs were in place to know what stock had been used. The prescription pads were stored in the same location and there was not log in place to review which pads had been used. This was brought to the attention of the registered provider on the day of the inspection and the drawer was locked immediately.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and a separate room for dental panoramic radiographs. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. However there was no evidence on the day of the inspection there was a copy of any local rules for each piece of equipment on the premises. These should state how the X-ray machine needed to be operated safely. This was brought to the attention of the registered provider and evidence was seen the day after the inspection this had been addressed.

We saw all staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machine had been serviced regularly. The registered provider told us they undertook quarterly quality audits of the X-rays taken.

We saw the results of the September 2015 X-ray audit where no action plans and learning outcomes had been implemented to continuously improve the procedure and reduce the risk of re-taking of X-rays. The audit was not clinician specific and the grades had not been collated to see if they were working within the required guidelines in accordance with the National Radiological Protection Board (NRPB).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentists. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such a smoking and drinking and where appropriate offered them health promotion advice or referred them to the dental hygienists for more detailed advice.

The dental care records we looked at showed that at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The dental care records showed that dental examination appointments included checks for oral cancer and gum disease however these were not always recorded within the patient dental care records.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the records we looked at the dentists were following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as oral surgery were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH 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 dentists applied fluoride varnish to all children who attended for an examination.

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about snaking between meals, hidden sugars in drinks and tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process.

The patient reception and waiting area contained a range of information that explained the services offered at the practice. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries and had two dental hygienists to help support this.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked and alcohol advice in relation to oral cancer risk factors.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was recorded by the registered manager. Records we reviewed showed that all staff had received training in basic life support and infection control. However, we noted that most of the staffs' safeguarding training was due to be updated.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered provider or lead dental nurse at any time to discuss continuing training and development as the need arose.

Are services effective?

(for example, treatment is effective)

Staff told us they had enough staff to help cover period of absence as some staff worked part time and could help cover, for example, because of sickness or holidays.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation. We also saw when a patient was referred internally to see the hygienist, a detailed treatment plan was documented to ensure that the hygienist was aware of what treatment needed doing.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records. The dentists kept a log of the referrals which had been sent and when a response had been received in the surgeries. The practice had a process for urgent referrals for suspected malignancies.

Consent to care and treatment

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The staff demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

The practice had a mental capacity assessment form to complete for any patients who they had identified as lacking capacity. The practice had a long standing relationship with the patients and with the help of updated medical history forms the practice would use the form accordingly to ensure the best care and treatment setting was in place for the patient. If a patient could not be effectively treating within the surgery setting the practice discussed working closely with local community dental services to ensure the best environment was available to treat patient's needs. We felt this was notable practice.

Staff ensured patients gave their consent before treatment began. The dentists informed us verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

The practice also gave patients with complicated or detailed treatment requirements time to consider and ask any questions about all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient dental care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. All staff had completed information governance training. Patients' electronic dental care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

We received 34 CQC comment cards providing feedback. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and were very pleased with the service. They found the staff to be kind, professional, friendly and the treatment to be first class. Also the staff had good communication skills, were efficient and caring and they were treated with dignity and respect in a clean and tidy environment.

A patient information booklet was available in the waiting room providing information about different treatment offered at the practice and information about the team members.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed they were involved in their care and treatment.

When treating children the dentists told us to gain their trust and consent they explained the reasons for the treatment and what to expect, they would also involve their parents or career. For patients with disabilities or in need of extra support staff told us they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting area described the range of services offered to patients. Although there was no information about the practice's opening times within the waiting area this was displayed on a notice outside the practice, by the front door and they were also available on the practice website.

The practice is open:

Monday – Friday 08:40 – 17:30

The practice had not updated the practice leaflet, website or NHS choices to amend the opening times following a change. This was brought to the attention of the registered provider.

The dentists told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested these were also available in the waiting room.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentists. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

Tackling inequity and promoting equality

All four surgeries were located on the first floor of the building. The practice was aware it could not provide any services to users who had certain mobility requirements due to the building restrictions. They had a system in place for patients with limited mobility to been seen straight after lunch so they could go straight into one surgery removing the need for more stairs to be climbed to reach the waiting room. The dental hygienists both worked at other locations and if the need arose for patients to been seen in a ground floor surgery patients were directed there for hygiene treatment.

The practice had equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice also had access to translation services for those whose first language was not English.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed to the NHS 111 service. The practice also had a service in place to cover private patients who required emergency treatment out of hours. Information about the NHS 111 service was displayed in the downstairs waiting areas and also within the practice leaflet and information was on the practice answering machine.

On the day of the inspection one of the CQC comment cards stated more easily accessible information regarding the practice opening times should be in place. This was brought to the attention of the registered provider.

Concerns & complaints

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this. The complaints procedure did not have information of contact details for external organisations displayed in the waiting room. This was brought to the attention of the registered provider on the day of the inspection.

The practice had not received any complaints in the last year. There was historical evidence that complaints had been processed in accordance with the policy and in a timely manner, they had been raised at staff meeting to discuss if any changes could be put in place to prevent further complaints.

The staff were aware of the complaints process and told us they would refer all complaints to the practice manager to deal with.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. However, these were all due to be reviewed and updated. Staff were aware of their roles and responsibilities within the practice.

The patient dental care record audit was last undertaken in September 2015. However, we found that if a clinician was not following the guidance provided by the Faculty of General Dental Practice an action plan or learning outcomes were not formulated to help improve record keeping. The audit was not clinician specific so any concerns could not be raised with an individual if the need arose.

We saw the results of the September 2015 X-ray audit where no action plans and learning outcomes had been implemented to continuously improve the procedure and reduce the risk of re-taking of X-rays. The audit was not clinician specific and the grades had not been collated to see if they were working within the required guidelines in accordance with the National Radiological Protection Board (NRPB).

The infection prevention and control audit was last completed in November 2015. There was no action plan or learning outcomes in place for this audit to help improve. This was brought to the attention of the registered provider to review the process.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings, where relevant it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us the registered manager was approachable, would listen to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The registered provider was aware of their responsibility to comply with the duty of candour and told us that they preferred to address any concerns or issues immediately should they arise.

The registered provider would address with any issues regarding complaints or concerns from patients about any treatment received. We were told he would spend as much time as required to give the patients time to share their concerns and where possible the registered provider would aim to put right any concerns.

Learning and improvement

The practice maintained records of staff training which showed that not all staff were up to date with their training. We noted that several members of staffs' safeguarding training was overdue for renewal. We saw staff had personal files and these showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The registered provider explained the practice had a good longstanding relationship with their patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients who completed the test said that they would recommend the practice to friends and family.

The practice had undertaken several patient satisfaction surveys; however there was no evidence of when this was reviewed or any analysis of the feedback. A comments box was available in the reception area.

We saw the practice held monthly practice meetings which were not minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. The registered provider told us if anyone was not at the meeting he would verbally discuss the issues raised.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12: Safe Care and Treatment** The registered provider failed to assess the risks to the health and safety of service users of receiving the care or treatment. The registered provider failed to do all that is reasonably practicable to mitigate any such risks. The registered provider failed, where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs. Regulation 12 (1)(2)(a)(b)(f)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17: Good governance** The registered provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The registered provider failed to evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e). Regulation 17 (1)(2)(a)(f)