

Cadmus Dental Care Ltd

Churchview Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 31 May 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Churchview Dental Practice is a dental practice providing mostly NHS dental treatment. The practice is located in premises close to the centre of Eastwood in Nottinghamshire. There is a small car park available to the rear of the practice; otherwise there is roadside parking in the area. There are two designated disable car parking spaces on the road directly outside the practice. The practice has three treatment rooms, all three of which are on the ground floor.

The practice was first registered with the Care Quality Commission (CQC) in August 2013. The practice provides regulated dental services to both adults and children. The practice provides mostly NHS treatment (95%). Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday, Tuesday and Thursday: 8:00am to 5pm; Wednesday: 9am to 6pm; Friday: 8:00am to 1:00pm. The practice is open on Saturdays by prior arrangement. The practice is closed for lunch between 1pm and 2pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service.

The practice manager is the registered manager. A registered manager is a person who is registered with the

Summary of findings

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

The practice has three dentists; one dental hygienist; six qualified dental nurses who also work on the reception desk and a practice manager.

We received positive feedback from 46 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

Our key findings were:

- Patients at the practice and through CQC comment cards provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- The practice was well equipped and provided a relaxed atmosphere for patients. With particular emphasis on making children feel relaxed and welcome.
- Dentists identified the different treatment options, and discussed these with patients.
- Patients' confidentiality was maintained.
- The practice was visibly clean and tidy.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

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

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

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

The practice was visibly clean and tidy and there were infection control procedures to ensure that patients were protected from potential risks. The infection control procedures followed the Department of Health guidance HTM 01-05.

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

Are services effective?

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

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

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

The practice made referrals to other dental professionals when it was appropriate to do so. There were clear procedures for making referrals in a timely manner.

Are services caring?

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

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

Patients said staff were friendly, polite and professional. Feedback identified that the practice treated patients with dignity and respect.

Patients said they received good dental treatment and they were involved in discussions about their dental care.

Patients said they were able to express their views and opinions.

Are services responsive to people's needs?

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

Summary of findings

Patients said they were easily able to get an appointment. Patients who were in pain or in need of urgent treatment would be seen the same day.

The practice had good access for patients with restricted mobility. All patient areas were located on the ground floor. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility.

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

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

Are services well-led?

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

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

The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

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

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

Churchview Dental Practice

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 31 May 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice to send information to CQC. This included the complaints the practice had received in the previous 12 months; their latest statement of purpose; and the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with seven members of staff during the inspection.

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

We reviewed policies, procedures and other documents. We received feedback from 46 patients about the dental service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in September 2015 this being when a patient tripped in the treatment room. The records showed the staff had taken appropriate action to ensure this particular risk was reduced. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

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

Records at the practice showed there had been no significant events in the 12 months up to the inspection visit. The last recorded significant event, which occurred in January 2015 related to a patient's behaviour. As a result of this incident the practice had installed CCTV at the practice. The record showed this had been well managed and appropriate action was taken. Learning points were shared with staff following the event. The significant event policy was reviewed in November 2015 and we saw evidence this had been discussed in a staff meeting in December 2015.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received electronically by the practice manager who shared them with staff when appropriate. We saw evidence the practice manager had telephoned the Department of Health for further clarification.

Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding vulnerable adults and children. The policies had been reviewed in November 2015. The policies directed staff in how to respond to and escalate any safeguarding concerns. We spoke with staff who were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The relevant contact telephone numbers were on display in the waiting room and behind reception.

The practice manager was the identified lead for safeguarding in the practice. They had received enhanced training to level three in child protection to support them in fulfilling that role. We saw evidence that all staff had attended a three hour safeguarding training session on 4 February 2016.

The practice had a full copy of the Mental Capacity Act 2005 (MCA) available in the practice to guide staff. We saw that all staff had received training in the MCA.

The practice had a policy to guide staff in the use and handling of chemicals in the practice. The policy identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The practice manager was the identified lead person for COSHH in the practice and we saw they had received specific training in February 2016. The risk assessments identified the steps to take to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were available to staff in the COSHH file.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 16 August 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in November 2015. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Staff said that only dentists handled sharp instruments such as needles.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk

Are services safe?

of injury through cutting or pricking.) We saw the sharps bins were wall mounted within the treatment rooms in accordance with the guidance which states sharps bins should not be located on the floor, and should be out of reach of small children.

Copies of the practice's sharps policy and how to deal with sharps injuries were displayed in the clinical areas of the practice.

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society recommend that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw the practice had a supply of rubber dam kits in the practice. If dentists were unable to place the rubber dam in certain situations, the dentist would use alternative measures to protect the airway.

Medical emergencies

The dental practice was equipped to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the emergency medicines and found they were all in date and stored appropriately. We saw the practice had a system for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. Two dental nurses and the hygienist had completed a first aid at work course on 25 January 2016. These staff members were the designated first aiders for the dental practice.

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

Staff at the practice had completed basic life support and resuscitation training on 2 December 2015.

Additional emergency equipment available at the practice included: airways to support breathing and portable suction.

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

Staff recruitment

We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in October 2015. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: mercury spillage, bodily fluids and blood borne infections and radiation (X-rays).

The practice had a fire risk assessment which had been reviewed and updated in November 2015. Records showed that the fire extinguishers had last been serviced in August 2015. The practice had completed a fire evacuation drill in 7 May 2016 when a faulty light fitting had set off the fire alarm.

Are services safe?

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

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in November 2015. The policy was readily available to all staff working in the practice. We saw that dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures and there were records and documentation to demonstrate this.

Records showed that regular six monthly infection control audits had been completed. The practice had been completing these audits on a three monthly basis. This more frequently than the recommended six monthly audits identified in HTM 01-05.

The practice had a clinical waste contract with a recognised company. We saw that clinical waste was collected on a regular basis. The waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam and teeth that had been removed. Amalgam is a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury which was dated to June 2018. There were also spillage kits for bodily fluids which were also in date.

There was a decontamination room where dental instruments were cleaned and sterilised. There was a clear flow from dirty to clean areas to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice used

LED coloured lighting to identify the clean and dirty areas of the decontamination process. This indicated to staff how instruments should flow through the room and contributed to the prevention of cross infection during the process.

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

The practice had one washer disinfector (a machine for cleaning dental instruments similar to a domestic dish washer). However, this was not in use. The practice had one ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. After cleaning the dental instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). The practice had one steam autoclave, which was designed to sterilise unwrapped instruments. At the completion of the sterilising process, all instruments were dried, and pouched in date stamped pouches.

We checked the records to demonstrate that equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. The records demonstrated the equipment was in good working order and being effectively maintained.

We used an illuminated magnifying glass to check a random sample of dental instruments that had been cleaned and sterilised. We found the instruments to be clean and undamaged.

We saw there were records to demonstrate that staff had received inoculations against Hepatitis B. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections such as Hepatitis B.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in December 2015. Legionella is a bacterium found in the environment which can

Are services safe?

contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice on 20 May 2016.

The practice had all of the medicines needed for an emergency situation, as identified in the British National Formulary (BNF). Medicines were stored securely and appropriately there were sufficient stocks available for use.

There was a copy of the Faculty of General Dental Practice (FGDP) 'Adult antimicrobial prescribing in primary dental care for general dental practitioners.' This document gave dentists clear guidance with regard to prescribing in the dental practice.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The vessels pressure checks on the compressor which produced the compressed air for the dental instruments had been completed on 20 January 2016.

Radiography (X-rays)

The practice had a Radiation Protection file which contained all of the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull.

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

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

Records showed the X-ray equipment had last been inspected in September 2015. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years to ensure it is safe and working correctly. Documents in the practice showed the Health and Safety Executive (HSE) had been informed that radiographs were being taken on the premises. This was a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

Patients at the practice completed a medical history form at each visit. The form was scanned by the receptionist and added directly into the patient's dental care records. The dentist was able to check the medical history with the patient before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

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

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

Health promotion & prevention

The practice had a variety of information for patients in the waiting room. There was a television screen showing positive oral health messages and providing information about different treatments. There were leaflets in reception and posters to give information to patients. The practice had worked closely with the oral healthcare team at the local Clinical Commissioning Group (CCG). This had given the practice ideas and resources for promoting positive

Discussions with dentists identified that children were assessed on an individual basis to check their risk of dental decay. This resulted in children being offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This had been produced to support dental teams in improving patients' oral and general health.

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

The practice made efforts to engage with patients who were children. We saw that there was a dental quiz for children and a 'draw your dentist' competition. The practice manager said this was to involve children and to break down barriers. The practice was keen for children to see the practice as a fun place to visit, and to address any fears or phobias early.

Staffing

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

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

Records at the practice showed that appraisals had been completed for all staff. Staff also completed an annual personal development plan to identify and prioritise training needs for the coming year. The practice manager

Are services effective?

(for example, treatment is effective)

said appraisals were completed on an annual basis for all staff usually during September. We saw evidence that appraisals for staff had taken place. We also saw evidence of new members of staff having an induction programme.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. The practice had a policy for making referrals to other services which had been reviewed in November 2015. The policy identified when and how to make referrals and had a section on making urgent referrals for patients who had oral cancer. The practice had a special referral sheet for making urgent referrals for patients with suspected oral cancer. Staff demonstrated these were faxed through immediately to the hospital where the referral had been made. These referrals were tracked by a named member of staff and we saw evidence that referrals had been made promptly.

Consent to care and treatment

The practice had a consent policy which had been reviewed in November 2015. The policy made reference to

valid consent, informed consent and the ability to consent. The practice also had a policy regarding adults who lacked capacity and this made reference to the Mental Capacity Act 2005 (MCA) and best interest decisions. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. All staff at the practice had completed training in the MCA.

Consent was recorded in the practice using the standard NHS FP17 form. This form recorded both consent and provided a treatment plan. This form was scanned into the patients' dental care records by the receptionist and formed a permanent part of the dental care record. The dentists discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent.

Discussions with dentists identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The reception desk was located next to the waiting room. We asked about patient confidentiality at the reception desk. Staff said they were aware of the need for confidentiality and if it were necessary there were areas of the practice where this could happen, such as an unused treatment room. Staff said that patients' individual treatment was discussed in the treatment room not at reception.

We observed staff members throughout the day to see how staff spoke with patients. We saw that staff were professional, polite, and welcoming. We observed that when speaking with patients staff showed dignity and respect.

We saw that patient confidentiality was maintained at the practice. We asked two patients about confidentiality. Both said they had never had an issues or concern. Computer screens could not be overlooked by patients standing at the reception desk. We saw that patients' dental care records were password protected and held securely.

Involvement in decisions about care and treatment

We received feedback from 46 patients on the day of the inspection. This was through Care Quality Commission

(CQC) comment cards, and through talking to patients in the practice. Feedback from patients was very positive with patients saying the staff were respectful, friendly and caring. Some patients commented they had built up a good relationship with the staff over the years, and felt safe and well cared for at the practice. Patients said in person and through CQC comment cards they felt involved in their treatment. Patients said they were able to ask questions and talk with staff about the treatment plan.

The practice offered mostly NHS treatments and the costs were clearly displayed in leaflets and posters in the practice and on the practice website.

We spoke with one dentist about how each patient had their diagnosis and dental treatment discussed with them. We saw evidence in the patient care records of how the treatment options and costs were explained and recorded before treatment started. Patients were given a written copy of the treatment plan which included the costs.

Where it was necessary dentists gave patients information about preventing dental decay and gum disease. We saw examples in patients' dental care records. Dentists had discussed the risks associated with smoking and diet, and this was recorded in patients' dental care records. Patients' follow-up appointments were in line with National Institute for Health and Care Excellence (NICE) guidelines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was a small car park at the rear of the premises, some street parking was also available. The practice had three treatment rooms, all of which were on the ground floor.

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

We saw there was a sufficient supply of instruments to meet the needs of the practice.

We spoke with two patients during the inspection. Patients said they had no problem getting an appointment that suited them. Patients said reception staff were helpful and approachable. Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The practice operated a sit and wait system for patients who were in pain or who required emergency treatment. Staff said the length of time the patient had to wait would vary depending on how busy the practice was. However, the staff stressed that any patient who was in pain would be seen the same day.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in November 2015.

The practice was situated over two floors. All patient areas were on the ground floor. This included three treatment rooms. This allowed patients using a wheelchair or with restricted mobility to access treatment at the practice. All treatment rooms were large enough to manoeuvre a wheelchair.

The practice had a ground floor toilet adapted for the use of patients with mobility problems. The toilet had support bars, grab handles and an emergency pull cord. Taps on the hand wash sink were lever operated.

The practice had completed an access audit in line with the Equality Act (2010) which had been reviewed in June 2015. This identified the practice was fully compliant with

legislation relating to access in the Equality Act. The practice had a portable hearing induction loop in reception to assist patients who used a hearing aid. The Equality Act required where 'reasonably possible' hearing loops to be installed in public spaces, such as dental practices. There was designated roadside car parking outside the practice for patients with restricted mobility.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. We saw literature for patients was available in the waiting room in languages other than English. A staff member had interpreted for a non-English speaking patient who had attended the practice.

There was a small car park available to the rear of the practice; otherwise there was roadside parking in the area.

Access to the service

The practice's opening hours were: Monday: 8:30am to 5pm; Tuesday: 8:30am to 6pm; Wednesday: 8am to 5pm; Thursday: 8:30am to 5pm; Friday: 8:30am to 1:30pm. The practice was open one Saturday per month from 8:30am to 12:30pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service. A poster at the front door gave details of the NHS 111 service and how to contact them.

The practice routinely telephoned patients to remind them their appointment was due. A reminder letter was also sent two to three weeks before the appointment was due.

Concerns & complaints

The practice had a complaints procedure which had been reviewed in November 2015. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction. Information about how to complain was on display in the practice.

From information received before the inspection we saw that there had been no formal complaints received in the 12 months prior to our inspection. The last recorded complaint had been in November 2014. We also saw that apologies and an explanation had been given to patients in the past when complaints had been received.

Are services well-led?

Our findings

Governance arrangements

The practice manager identified that all policies were updated on an annual basis. We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated in November 2015.

Copies of the key policies were displayed in plastic wallets in a staff area of the practice. This gave staff quick and easy access to policies and guidance, and was available for staff to check quickly.

We spoke with staff who said they understood their roles and could speak with either a dentist or the practice manager if they had any concerns. Staff said they understood the management structure at the practice and within the organisation. We spoke with two members of staff who said the practice was a good place to work and they felt supported as part of the team.

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

Leadership, openness and transparency

There was a practice manager in post who was also the registered manager. The practice manager was a qualified dental nurse, and had been in post for many years. They had completed management training in 2009.

We saw that staff meetings were scheduled for once a month throughout the year. The agenda covered areas such as: infection control, and health and safety. Staff meetings were minuted and minutes were available to all staff. We saw that in the past significant events had been discussed and learning shared with staff.

We saw evidence that dentists held monthly meetings to discuss clinical and business issues.

We spoke with several staff at the practice who told us there was a close working team at the practice. Staff said they could voice their views, and raise concerns, and were encouraged to do so at team meetings. Staff said dentists were approachable and were available to discuss any concerns. Staff said there was support available regarding clinical issues. Observations showed there was a friendly and welcoming attitude towards patients from staff

throughout the practice. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in November 2015. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. A copy of the whistleblowing policy was on display on the staff room noticeboard.

Learning and improvement

We saw that the practice was carrying out a schedule of audits throughout the year. This was for both clinical and non-clinical areas of the practice. The system of audits allowed the practice to identify both areas for improvement, and where quality had been achieved. This was particularly in respect of the clinical areas. Examples of completed audits included: an audit of record keeping which had been completed in September 2015 and repeated in May 2016; and regular radiography (X-rays) audits for each dentist from which action plans identified all necessary actions had been completed by May 2016. The schedule of audits showed that historically audits had been completed regularly over several years. There was also evidence to show that areas for improvement had been identified and actioned. The outcomes of audits had also been shared with staff during team meetings.

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

Discussions with staff showed there was a culture at the practice of learning and development. The practice paid for and encouraged staff training. For example we saw that nurses had attended a radiation course which had been paid for by the practice.

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

Are services well-led?

The practice had a patient satisfaction survey which was completed on an annual basis. We saw the results were analysed and points raised by patients were discussed with the staff team. The latest survey had been aimed at children within the practice and was completed in December 2015. Forty seven children had responded and analysis of the results had resulted in more toothpaste samples and stickers being made available at the reception desk.

The practice used the NHS Friends and Family (FFT) for children seen at practice. The responses within the boxes were analysed on a monthly basis. Feedback from patients by means of the FFT provided positive responses with respondents saying they would recommend the practice to their family and friends. Information on the NHS Choices website showed 275 patients had responded and 100% would recommend the dentist.