

## Alpha Dental Studio Catterick

# Alpha Dental Studio Catterick

## Inspection Report

16b Hildyard Row  
Catterick Garrison  
North Yorkshire  
DL9 4DH  
Tel: 01642 715700  
Website: [www.alphadental.co.uk](http://www.alphadental.co.uk)

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### Overall summary

We carried out an announced comprehensive inspection on 19 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

#### **Background**

Alpha Dental Studio Catterick, North Yorkshire is part of the Alpha Dental group. It is a NHS and private dental practice which offers private dental payment plans. The practice offers dental treatments including dental implants, endodontics, cosmetic dental treatment, orthodontic clear braces and conscious sedation.

The practice has five surgeries, two on the ground floor and three on the first floor, a decontamination room, two waiting areas, a reception area and patient toilets. There are staff facilities on the second floor of the premises.

There are seven dentists (one of which is a foundation training dentist), one dental hygiene therapist, five dental nurses (one of which is a trainee) a practice manager and an operations manager.

The opening hours are:

Monday – Friday 08:30 – 17:30 and open until 20:00 on a Wednesday by appointment only.

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

# Summary of findings

On the day of inspection we received 18 CQC comment cards providing feedback and spoke with six patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be welcoming, patient, friendly and caring. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

## **Our key findings were:**

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient 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.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.

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

- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated January 2016. There was evidence of regular water testing and noted that the dental unit water lines were being managed appropriately.

No action



### 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. 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), British Society of Periodontology (BSP) and NICE. The practice focused strongly on prevention. The staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to diet and oral hygiene advice.

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

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.

No action



# Summary of findings

## 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 the treatment and care was fully explained to patients in a way which they understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred and letters with advice were sent to the patients to ensure they had ample time to make an informed decision.

Comments on the 18 completed CQC comment cards we received included statements reporting they were involved in all aspects of their care and found the staff to be polite, helpful, caring, and professional and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

No action



## 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 fully accessible to all patients and reasonable adjustments had been made to the practice where possible. The practice had step free access at the front of the building for wheelchair users and pushchairs.

The practice had a complaints process which was accessible to patients who wished to make a complaint. The practice manager recorded complaints and cascaded learning to staff. The practice also had patients' advice leaflets and practice information leaflets available on reception.

No action



## Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The registered manager and practice manager were responsible for the day to day running of the practice.

The practice held six weekly staff meetings which were 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 practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were in line with the guidelines of the National Radiological Protection Board (NRPB).

No action



# Summary of findings

The practice conducted patient satisfaction surveys and they were currently undertaking the NHS Friends and Family Test (FFT) for the patients who used the service.

# Alpha Dental Studio Catterick

## 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 19 July 2016 and was led by a CQC Inspector and a specialist advisor and a second CQC inspector.

We informed NHS England area team and Healthwatch North Yorkshire that we were inspecting the practice; 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 the five dentists including the foundation training dentist, three dental nurses, including the lead dental nurse, the practice manager and the operations manager.

We reviewed 18 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. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice 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 and we were told no accidents had occurred in the last 12 months. We saw evidence that historical events had been processed in accordance with the practice policy. The practice also recorded significant events when they occurred; two had been reported over the past 12 months and addressed.

The registered manager told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and actioned accordingly.

### 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. There was an allocated lead for safeguarding and staff told us they would work as a team to resolve any concerns. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

Staff 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 in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway). Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

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

### 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 (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked monthly, this was brought to the attention of the practice manager to ensure weekly checks were in place. This helps to ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

### Staff recruitment

The practice had a recruitment policy in place and this process had been followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant

# Are services safe?

professional bodies and seeking references. We reviewed the newest member of staff's recruitment file which confirmed the processes had been followed. All personal information was stored securely in the office.

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.

We recorded all relevant staff had 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**

The practice had undertaken a number of risk assessments to cover the health and safety concerns that 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, manual handling and dealing with clinical waste and the practice had an external annual health and safety risk assessment completed to ensure they were following new guidelines.

The practice did not have a specific risk assessment in relation to the safe use of sharps as per the 2013 guidelines; this was brought to the attention of the registered manager and they assured us this would be actioned immediately.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. 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. If any new materials were introduced a new risk assessment was put in place.

We noted there had been a fire risk assessment completed for the premises in January 2016. All actions from the risk assessment had been completed and reviewed by the fire services. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had

been undertaken with staff and discussion about the process reviewed at practice meetings. Two members of staff had completed fire marshal training. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'..

There were two sinks for decontamination work in the decontamination room and a hand washing sink. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included heavy duty gloves, aprons and protective eye wear.

We found that used dental instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, examined under illuminated magnification and sterilised in an autoclave (a device for sterilising dental and medical instruments). Sterilised instruments were correctly streamlined or packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed 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 they were functioning properly.



# Are services safe?

We saw from staff records they had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of hand sanitiser in the decontamination area and surgeries had soap, paper towels and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely.

The staff records we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

The practice had a Legionella risk assessment completed in January 2016. Hot and cold water temperature checks were in place. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressors.

Portable appliance testing (PAT) had been completed in January 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

The practice dispensed antibiotics for patients where indicated. They also kept drugs used in the provision of conscious sedation. These were stored securely in a locked cabinet. We saw a log was kept of these medicines to ensure the medicines were not being abused, there was sufficient stock available and medicines were in date.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was newly installed and evidence of an acceptance test certificate was available. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries, in the X-ray room and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

Intra-oral X-ray audits were carried out by the practice every month. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance although the results were not clinician specific. This was brought to the attention of the registered manager and this was to be actioned immediately.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also 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 as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw that patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in July 2016 whereby action plans were in place, this helps address any issues that arise and sets out learning outcomes more easily.

We saw the process involved in providing conscious sedation was in line with those set out in the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). Patients were assessed for their suitability for conscious sedation at an initial consultation. We were told that other forms of anxiety management were discussed with patients at the initial appointment.

Prior to the induction of conscious sedation the patient's blood oxygen saturation, blood pressure and heart rate (base level observations) were checked to ensure they were medically suitable for conscious sedation. Throughout the procedure these vital signs were regularly checked and documented in a sedation record. We saw the dose of sedative medicines were titrated to effect to ensure the patient was not over-sedated. These doses were

documented in the sedation records. We saw that a reversal agent to the sedative medicines was readily available if needed. After the procedure the patient's escort would be suitably briefed with regards to post-operative care. Patients would be kept in the practice recovery room for however long they required after the procedure to ensure they were safe to discharge.

The practice provided dental implants. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals to ensure the implant was healing and integrating well. All of these measures greatly improved the outcome for patients.

Staff told us the dental hygiene therapist provided procedures to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

### 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, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygiene therapist for a more detailed treatment plan and advice.

# Are services effective?

(for example, treatment is effective)

The practice also provided care and information to children including prevention advice through play and provided sessions to local schools and nurseries. One of the dental nurses held an oral health education certificate to work alongside the dental hygiene and therapist to provide these sessions to schools. The practice had recently joined a national charity to help improve oral health inequalities through the north of England and had pledged to support one school per practice by providing fluoride applications and preventative advice.

The practice had a sugar board to show patients and schools how much sugar was in some drinks. This included information about flavoured water, energy drinks and yogurt drinks.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

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. Patients would also be made aware if their alcohol consumption was above the national recommended limit.

## Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included ensuring the new member of staff was aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. Staff members who helped from other local practices were given a mini induction each time they came to the practice to ensure they knew how the practice operated the decontamination area, the location of the emergency equipment and where emergency exits were located.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of

completed appraisal documents and training plans for the year for each staff member. Staff also felt they could approach the registered manager or practice manager at any time to discuss continuing training and development as the need arose.

## Working with other services

The practice had a detailed referral policy which outlined the processes for referring patients out of the practice and also accepting referrals. For example, referrals were made to the hospital for the urgent referral of patients with a suspected malignancy.

The practice received referrals for implants and sedation. Upon receiving a referral letter the relevant dentist reviewed the letter and then contacted the patient by providing a welcome pack specific to the treatment they were interested in or referred for.

When attending the initial consultation the dentist would make the patient aware of the proposed treatment and the timescales involved, the estimated costs involved, finance options and when payment for the treatment should be made, arrangements for out-of-hours emergency care during the course of the treatment and the practice's contact details.

Once treatment had been completed the patient was sent back to the referring dentist for on-going treatment. A letter would be sent back to the referring dentist with advice about what treatment had been provided and advice about on-going treatment which related to the treatment provided.

## Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff had a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. Staff had completed training on the MCA.

# Are services effective?

(for example, treatment is effective)

Patients undergoing treatment were provided with an individualised treatment plan. This would outline the other options available and also the risks and benefits of each option. Costs were clearly stated on this treatment plan.

Patients told us that they were made very aware of what the cost was prior to undertaking any treatment and time was given for patients to review all the information provided.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Feedback from patients was very positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection.

Dental care records were handled securely and not left visible to the public while kept on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet.

Music was played throughout the practice for patients and a selection of magazines were available. An information screen and television was in place in the waiting area to relax patients before treatments and provide some auditory confidentiality for patients.

Information folders and patient feedback was available and a selection of leaflets for patients to take home.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets in the waiting room. The practice's website provided patients with information about the range of treatments which were available at the practice or within the Alpha dental group.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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. If the emergency slots had already been taken for the day then the patient was invited to sit and wait for an appointment if they wished. If the practice was closed the practice answer machine directed patients to the NHS out of hours 111 services or the private local rota out of hours service.

The patients commented on the 18 CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. They felt the dentists and the hygiene therapist took their time to discuss their treatment needs in depth and explained the treatment options in a way they understood.

### Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate all patients. Wheelchair users had access through the front door where step free access was available to the practice. Two of the surgeries were located on the ground floor and were large enough to accommodate a wheelchair or pushchair all dentists would rotate to use the ground floor surgeries as required ensuring all patients could continue to see their own dentist.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients. The practice also had access to telephone translation services for those whose first language was not English, information leaflets could be translated or enlarged if required.

### Access to the service

The practice displayed its opening hours in the premises and on the NHS choices website.

The opening hours were:

Monday – Friday 08:30 – 17:30 and open until 20:00 on a Wednesday by appointment only.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting rooms and in the practice information leaflet.

The registered manager was responsible for overall responding to complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner and these would be shared with the registered manager. Staff told us they aimed to resolve complaints in-house initially.

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 two 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 practice had received two complaints in the last 12 months.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and waste management.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy and an infection prevention and control policy. Staff were aware of their roles and responsibilities within the practice.

There was an effective management structure in place to ensure the responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities

### **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 and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held six weekly staff meetings involving all staff members. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

### **Learning and improvement**

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection prevention and control.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out continuous patient satisfaction. The satisfaction survey included questions about the patients' overall satisfaction, the cleanliness of the premises, accessibility and length of time waiting. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

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 asked said that they would recommend the practice to friends and family.