ESM Management Limited

The Eledent Clinic

Inspection Report

62 Grove Road
Sutton
Surrey
SM1 1BT
Tel: 0208 642 5767
Website: www.dentistsutton.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 09 July 2015 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.

The Eledent Clinic is located in the London Borough of Sutton. The premises consist of three treatment rooms, a dedicated decontamination room, waiting room with reception area and toilet.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges, and oral hygiene.

The staff structure of the practice is comprised of three principal dentists (who are also the owners), two associates, three trainee dental nurses and one receptionist. The dental nurses also act as receptionists and one of the principal dentists works as the practice manager. The practice also works with a visiting dentist who provides complex periodontal (gum) treatment and a medical anaesthetist who provides conscious sedation for patients who are nervous about their dental treatment or who require complex oral surgical procedures.

The practice is open Monday to Friday from 8.00am to 8.00pm and on Saturday from 8.00am to 1.00pm.

This is a new practice which registered with the CQC in April 2013. It has not previously been inspected. One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We carried out an announced, comprehensive inspection on 09 July 2015. The inspection took place over one day and was carried out by a CQC inspector and dentist specialist advisor.

49 people provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and patient attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The principal dentists had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and protocols which were effectively used to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There were systems for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the GDC.

Are services caring?

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

We received positive feedback from patients through comment cards and discussions on the day of the inspection. They felt that the staff were patient and caring; they told us that they were treated with dignity and respect at all times. We found that patient records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. The needs of people with disabilities had been considered and there was level access to the waiting area and treatment rooms. Patients were invited to provide feedback via a satisfaction survey and a feedback box situated in the waiting area.

There was a complaints policy which was displayed in the waiting area. Four, verbal complaints had been received by the practice in the past year. These had been dealt with promptly and handled appropriately.

Are services well-led?

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

The practice had good clinical governance and risk management protocols in place. These were disseminated effectively to all members of staff. A system of audits was used to monitor and improve performance. For example, one of the principal dentists had carried out a peer review of the other dentists' work to ensure that high quality care was being delivered.

Summary of findings

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentists. Feedback from staff and patients was used to monitor and drive improvement in standards of care.

The Eledent Clinic

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 09 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the local Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with three members of staff, including the principal dentist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

49 people provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was an effective system in place for reporting and learning from incidents. Seven, minor incidents had been recorded in the past year. There was a policy for staff to follow for the reporting of these events and we saw that this had been followed in these cases.

Incidents had been appropriately recorded and investigated. Actions taken at the time and any lessons that could be learned to prevent a recurrence were noted and discussed with staff; where necessary a staff meeting had also been convened to discuss learning points which would improve the quality of care. For example, a meeting had been held in March 2015 following a needle stick injury to a member of staff. One of the principal dentists had subsequently carried out a full audit of sharps procedures to check that members of staff were following the practice's protocol. A discussion was held at the meeting about strategies for adhering to the protocol in order to prevent injuries.

We noted that it was the practice policy to offer an apology when things went wrong. We saw an example of a written apology that had been offered following a patient's complaint.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). None of the accidents related to staff had required notification under the RIDDOR guidance.

Reliable safety systems and processes (including safeguarding)

One of the principal dentists was the named practice lead for child and adult safeguarding. The safeguarding lead was able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable elderly patients who presented with dementia.

The practice had a well-designed safeguarding policy which referred to national guidance, held evidence of staff training and local authority telephone numbers for escalating concerns that might need to be investigated. This information was displayed in the reception area and treatment rooms. The practice lead had introduced a bespoke custom screen on the computerised patient records system for safeguarding vulnerable adults and children. The screen contained five mandatory questions which dentists were required to complete for every patient. Any question that was answered by a 'yes' triggered a discussion with the practice lead to determine if local safeguarding procedures needed to be implemented.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, there was a risk assessment and associated protocols for avoiding needle stick injuries. We spoke with one of the principal dentists about this protocol. They explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive in order to protect staff against blood borne viruses. Needles were not resheathed using the hands following administration of a local anaesthetic to a patient. A mixture of a single use delivery system and conventional local anaesthetic syringes with needle guards was used to deliver local anaesthetics to patients. It was also practice policy that the discarding of the used needle was the dentist's responsibility.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist we spoke with explained that these instruments were single use only. She explained that root canal treatment and other treatment, where appropriate, was carried out using a rubber dam. 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. The practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had 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 held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Oxygen and other related items, such as manual breathing aids and

portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

Staff received annual training in using the emergency equipment. We noted that the training also included responding to different scenarios, such as epileptic seizures and anaphylaxis, using role-playing drills. The most recent staff training sessions had taken place in April 2015.

Staff recruitment

The practice staffing consisted of three principal dentists (who were also the owners), two associate dentists, three trainee dental nurses and one receptionist. There was an additional visiting dentist who specialised in periodontology and an anaesthetist who was contracted to provide sedation services, when required.

There was a recruitment policy in place and we reviewed the recruitment files for four staff members. We saw that relevant checks to ensure that the person being recruited was suitable and competent for the role had been carried out. This included the use of an application form, interview notes, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We noted that it was the practice's policy to carry out DBS checks for all members of staff and details related to these checks were kept.

Some patients required conscious sedation as part of their treatment. The practice used a visiting medical anaesthetist to provide this service. The practice had a written agreement in place to provide assurance that the visiting professional is providing services in accordance with current guidelines. We saw that this agreement detailed the responsibilities and accountability of the visiting professional. It included the equipment and medicines in relation to conscious sedation that the professional provided as well as the systems and processes that the visiting professional carried out as part of the sedation procedure.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced. One of the principal dentists took the lead in fire safety and showed us documentation since 2013 of actions taken to minimise the risk of fire at the premises.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to minimise these risks. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by one of principal dentist and disseminated by them to the staff, where appropriate. For example, one of the dentists described an alert which had been received about recalling a faulty epinephrine product used in the treatment of anaphylaxis. This had led them to replace the epinephrine product held at the practice.

There was a business continuity plan in place. This had been kept up to date with key contacts in the local area. There was also an arrangement in place to use another practice's premises for emergency appointments in the event that the practice's own premises became unfit for use.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of protocols that the practice was following the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. There was a recent audit of infection control processes (from April 2015) which confirmed that the practice was currently compliant with HTM 01-05 guidelines.

We observed that the three dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning marked clean from dirty areas in all of the treatment rooms and the decontamination room. Hand washing facilities were available including liquid soap

and paper towels in each of the treatment rooms and toilets. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed.

One of the dental nurses was the infection control lead and they described the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated a good system for decontaminating the working surfaces, dental unit and dental chair.

The drawers and cupboards of one of the treatment rooms was inspected in the presence of one of the principal dentists. The room was well stocked. All of the instruments were placed in pouches and it was obvious which items were for single use as they were clearly labelled. Each treatment room had the appropriate routine personal protective equipment such as gloves, aprons and eye protection available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described by one of the dental nurses was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by an appropriate contractor in April 2015 to determine if there were any further risks associated with the plumbing at the premises. These measures ensured that patients and staff were protected from the risk of infection associated with Legionella.

The practice had a separate decontamination room for instrument processing. This room was well organised. Protocols were displayed on the wall to remind staff about the correct processes to follow at each stage of the decontamination process. Staff demonstrated the process to us; from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system designed to minimise the risks of infection.

The practice used a system of ultra-sonic cleaning bath, manual scrubbing (utilising the double sink method) and a washer disinfector as part of the initial cleaning process. Following inspection of cleaned items, they were placed in an autoclave (steriliser). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The dental nurse showed us that systems were in place to ensure that the autoclaves, ultra-sonic bath and washer disinfector were working effectively. These included the automatic control test and steam penetration tests for the autoclave, foil tests for the ultrasonic cleaning bath, and protein residue test for the washer disinfector. It was observed that the data sheets used to record the essential daily validation were always complete and up to date.

The practice employed domestic staff to carry out more general cleaning of the premises. There was a cleaning schedule to follow and one the principal dentists reviewed their work to ensure schedules were being effectively followed.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. For example, we observed that sharps containers, clinical waste bags and municipal waste were properly maintained and stored. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced in 2015. Portable appliance testing (PAT) had been completed in accordance with good practice guidance in June 2015. PAT is the name of a process during which electrical appliances are routinely checked for safety.

Prescription pads were kept to the minimum necessary for the effective running of the practice. They were individually numbered and stored securely.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with

Are services safe?

the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A radiation protection file, in line with these regulations, was present. This file was well maintained and complete. Included in the file were the critical examination pack for the X-ray set, the three-yearly maintenance log, a copy of the local rules and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended interval of three years with the next service due in 2018. We saw evidence that staff had completed radiation training.

We reviewed a sample of individual patient records. These records showed that dental X-rays were justified, reported on and quality assured every time.

A copy of the most recent radiological audit was available for inspection. This demonstrated that a very high percentage of radiographs were of grade one (the highest) standard. A sample of dental care records where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured every time. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. A dentist we spoke with described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient. The assessment begins with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. The assessment also included details of their dental and social history. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient and treatment options explained in detail.

The dental care record was updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. The clinical records were well-structured and contained sufficient detail about each patient's dental treatment. We saw notes containing details about the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) These were carried out at each dental health assessment. Details of the treatments carried out were also documented; local anaesthetic details including type, site of administration, batch number and expiry date were recorded.

Health promotion & prevention

The reception area contained leaflets that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products that patients could purchase that were suitable for both adults and children.

Our discussions with the dentist and nurses, together with our review of the dental care records showed that, where relevant, preventative dental information was given in order to improve outcomes for patients. This included advice around smoking cessation, alcohol consumption and diet. Additionally, the dentists all carried checks to look for the signs of oral cancer. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to patients in a way they understood.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding and X-ray training.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice. To ensure that new dentists were able to seamlessly integrate into the practice and to ensure consistency of performance by existing dentists, a practice manual was available to each dentist. We saw that it included sections on examination, diagnosis and treatment planning, NICE (National Institute for Health and Care Excellence) Guidelines in relation to dentistry and details of how to carry out common clinical procedures.

The practice held regular supervision and review meetings with each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's file. For example, we saw notes for one dental nurse which showed they had discussed their ambitions for additional training in specialist areas such as implants. The principal dentists all told us they were supportive of these plans and actively encouraged any activities which promoted a good skill mix amongst staff.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice was relatively self-contained because the dentists were well trained and experienced and provided specialised treatment in a number of clinical disciplines including oral surgery, complex gum treatments, complex root canal therapy and conscious sedation.

One of the principal dentists explained how they worked with other services, when required. Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. The practice's manual contained referral criteria for secondary and tertiary care providers in order to guide each dentist's referring practices.

A referral letter was prepared and sent to the hospital with full details of the dentists findings and a copy was stored on the practices' records system. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post procedure care. A copy of the referral letter was always available to the patient if they wanted this for their records. We noted there were no patient complaints relating to referrals to specialised services.

Consent to care and treatment

The dentists we spoke with gave specific examples of how they had taken mental capacity issues into account when providing dental treatment. They were aware of the Mental Capacity Act (MCA) 2005 and explained how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, then treatment would be postponed. They explained that they would then involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met. They were therefore able to demonstrate a clear understanding of requirements of the Act. The Mental Capacity Act (MCA) 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The dentists explained how they obtained valid informed consent. They told us they explained their findings to patients and kept detailed clinical records showing that they had discussed the available options with them. They also used bespoke consent forms in areas such as dental and surgical extractions and root canal treatments to assist in the recording of the consent process. We saw clinical treatment records which showed this was the case.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected feedback from 49 patients. They described a positive view of the service provided. Patients commented that the team were courteous, efficient and kind. Patients were happy with the quality of treatment provided. During the inspection we observed staff in the reception area. They were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

All the staff we spoke with were mindful about treating patients in a respectful and caring way. They were aware of the importance of protecting patients' privacy and dignity. For example, one of the dentists told us that she made sure that discussions with patients were held with the patient upright and square on in the chair so that they could maintain proper eye contact. This ensured that the patient was able to discuss matters without feeling that they were in a compromised position.

The practice obtained regular feedback from patients via a satisfaction survey. One of the principal dentists, who was working as the practice manager, was responsible for analysing the results of the survey. We noted from their report of 37 responses received between April and May 2015 that the overwhelming majority of feedback about staff was positive and corroborated our own findings regarding staff's caring attitude.

There were systems in place to ensure that patients' confidential information was protected. Dental care records were stored electronically. Any paper correspondence was scanned and added to the electronic record prior to disposal. Electronic records were password protected and regularly backed up. Staff understood the importance of data protection and confidentiality and had received training in information governance. Reception staff told us that people could request to have confidential discussions in an empty treatment room, if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of its private dental charges and treatment plan fees. There were a range of information leaflets in the waiting area which described the different types of dental treatments available. Patients were routinely given copies of their treatment plans which included useful information about the proposed treatments and associated costs. We reviewed a sample of dental care records and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

We spoke with three dentists and one nurse on the day of our visit. There was a shared culture of promoting patient involvement in treatment planning which meant that all staff worked towards providing clear explanations about treatment and prevention strategies. Staff told us that patients were given time to think about the treatment options presented to them and that it was up to them to decide whether and when they wanted the treatment to take place. For example, the dentists told us that they would not normally provide treatment to patients on the first appointment unless they were in pain or their presenting condition dictated otherwise. The dentists felt that patients should be given time to think about the treatment options. This made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment required, including the risks, benefits and options.

The patient feedback we received via discussions and comments cards, together with the data gathered by the practice's own survey, confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Each dentist could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with a guidance grid showing the length of time each dentist generally preferred to have with a patient for any given treatment in order to support the smooth running of the appointment system. The dentists we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist of their choice. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

Some of the clinical staff spoke additional languages and one of the principal dentists told us they had access to a telephone translation service, although they had not had to use this so far. There was written information for people who were hard of hearing and as well as large print documents for patients with some visual impairment.

The practice had made significant adjustments to the structure of the premises to ensure that it was entirely wheelchair accessible. For example, there was level access to the reception area, and a wheelchair ramp at a level change in the building to ensure that all three treatment rooms were accessible. The corridors were wide enough to allow for easy wheelchair access. There was a disabled toilet. The practice also stored portable ramps to cover any eventuality.

Access to the service

The practice was open Monday to Friday from 8.00am to 8.00pm and on Saturday from 8.00am to 1.00pm. The practice displayed its opening hours on their premises and on the practice website. New patients were also given a practice information sheet which included the practice contact details and opening hours.

We asked one of the principal dentists about access to the service in an emergency or outside of normal opening hours. They told us that one of the dentists remained 'on call' so that patients could contact a dentist at any time. The dentists would open the practice out of hours if patients required emergency care, although this did incur an additional fee.

The principal dentists told us that they all had some gaps in their schedule on any given day to ensure that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated. We reviewed the electronic appointments system and saw that this was the case.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice website. The practice also had a feedback box displayed in the waiting area.

There had been four, verbal complaints recorded in the past year. These complaints had been responded to in line with the practice policy. One of the principal dentists had carried out investigations and discussed learning points with relevant members of staff. Patients had received a written response, including an apology, when anything had not been managed appropriately. There was evidence in notes from meetings with clinical staff to show that individual cases were reviewed to understand whether they could learn or change their practice following complaints made.

Are services well-led?

Our findings

Governance arrangements

There were strong governance arrangements at this practice. There was a comprehensive file of risk assessments covering all aspects of clinical governance. This was well maintained and up to date. The staff fully understood all of the governance systems because the principal dentist in charge of these systems took time to explain the protocols and carried out regular reviews with each staff member to ensure they were being followed.

The practice also used monthly staff meetings to update relevant training and share information with practice staff. These were an important method for cascading information. We reviewed a sample of the minutes kept for these meetings which showed that all aspects of the running of the practice and the care it provided to patients were discussed. For example, we looked at the minutes of a meeting in March 2015 during which staff had discussed the importance of avoiding sharps injuries. A practice based discussion was held on the importance of following strict protocol to prevent such injuries.

There was a clear management structure in place. Each of the principal dentists had defined managerial roles. One of the principal dentists acted as the practice manager and was the first point of contact for all staff management issues and took the lead for carrying out quality monitoring processes. The other principals led in areas such as safeguarding and fire safety. One of the dental nurses took responsibility for managing the infection control processes. Staff were aware of these structures and therefore knew who to approach about different issues for advice.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said told us they were comfortable about raising concerns with the principal dentists. They felt they were listened to and responded to when they did so. They were aware that they could escalate concerns to external agencies, such as the Care Quality Commission (CQC), if necessary.

We spoke with the principal dentists about their vision for the practice. It was a family-run practice and they aimed to provide services to other families in the local area. The practice philosophy was to provide honest, comfortable and affordable dental care. The dentists placed an emphasis on providing high-quality patient care which involved a shared-decision making process to ensure that patients were comfortable at each stage of their dental treatment.

The principal dentists were also keen to ensure that all of their staff provided highly-skilled care. There was a system of periodic staff reviews and supervision to support staff in carrying out their roles to a high standard, and this included reviews of their own work through the use of audits and critical observations from other members of staff. Notes from these supervisory sessions were kept. This demonstrated that they successfully identified staff's training and career goals.

Management lead through learning and improvement

We found that there was a comprehensive rolling programme of clinical and non-clinical audits taking place at the practice. This programme ran from January through to December each year. These included important areas such as infection prevention control, clinical record keeping, X-ray quality, child protection and complaints handling. There were 29 separate audit topics covered in each 12-month period which were maintained in the audit file. We looked at a sample of these. This showed that the practice was maintaining a consistent standard in patient assessment, medical history updating, and cancer screening.

The practice took action where it identified any areas for improvement as a result of the auditing process. For example, in February 2015 one of the principal dentists had carried out an audit of patient care standards. They had observed the dentists and nurses as they worked and also presented as a patient themselves in a role-playing scenario. Each member of staff was given individual feedback on their performance and the results were discussed more generally at a staff meeting. There were some generally points for improvement around patient communication as well as the interaction between nurses and dentists. There were plans for a re-audit the following year to check whether these actions had led to an improvement in patient care.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey. The survey covered

Are services well-led?

topics such as the quality of staff explanations, cleanliness of the premises, and general satisfaction with care. 37 responses had been received between April and May 2015; all of these indicated a high level of satisfaction with the care provided.

We noted that the practice acted on feedback from patients where they could. For example, the practice had introduced the use of a formal treatment plan, in addition to their offer of paying per single treatment, in response to patient feedback that they would prefer to use this option.

Staff described an open culture where feedback between staff was encouraged in order to improve the quality of the care. This was supported by the activities of one of the principal dentists who carried out regular observation and feedback sessions with each member of staff.