Care Quality Commission

Mrs. Deborah Goodwin

Goodwin & Associates

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 25 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

Goodwin and Associates is located in the centre of Cockermouth and comprises of a reception and waiting area towards front of building, with decontamination room, an office,three surgeriesand a disabled toilet on the ground floor. On the first floor there are two surgeries, a staff room, kitchen and changing facilities. There is disabled access to the building.

Parking is available on nearby streets and in car parks. The practice is accessible to patients with disabilities, impaired mobility and to wheelchair users.

The practice provides general dental treatment. The practice is open Monday to Thursday 8.30am to 5.30pm and Friday 8.30am to 5.00pm. The practice is staffed by a principal dentist (Mrs Deborah Goodwin) and four associate dentists There are also one dental therapist, nine qualified dental nurses, a practice manager, three receptionists, an administrator and a decontamination support worker.

The provider is the registered person for the practice. A registered person is a person who is registered with the Care Quality Commission to manage the service. 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 received feedback from 27 patients during the inspection about the services provided. Patients commented that they found the practice excellent and

Summary of findings

that staff were professional, friendly and caring. They said that they were always given good explanations about dental treatment. Patients commented that the practice was clean and comfortable.

Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies; emergency medicines and equipment were available.
- The premises and equipment were clean, secure and well maintained.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took into account patient feedback.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and for the delivery of person centred care.
- Infection control procedures were in place.

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?

No action

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

The provider had effective systems and processes in place to ensure that care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints.

Staff had received training in safeguarding adults and children, knew how to recognise the signs of abuse and who to report them to.

Staff were appropriately recruited, suitably trained and skilled, and there were sufficient numbers of staff. Regular appraisals were carried out and we saw evidence of inductions for new staff.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator (AED). Staff were trained in dealing with medical emergencies.

The premises were secure and properly maintained benefitting from a total refurbishment in 2015. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

There was guidance for staff on effective decontamination of dental instruments which staff were following. Staff had received training in infection prevention and control.

The practice was following current legislation and guidance in relation to X-rays to protect patients and staff from unnecessary exposure to radiation.

Are services effective?

No action

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

Staff followed current guidelines when delivering dental care and treatment to patients. This included assessing and recording their medical history. Patients received an assessment of their dental needs, and treatment provided focused on their individual needs. Explanations were given to patients in a way they understood, and risks, benefits, options and costs were fully explained. Patients' consent was obtained before treatment was provided. Patients were given a written treatment plan which detailed the treatments considered and agreed together with the fees involved. The practice kept detailed dental records.

Staff provided oral health advice and guidance to patients and monitored changes in their oral health. Patients were referred to other services where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council. Staff received training and were supported in meeting the requirements of their professional regulator.

Summary of findings

Are services caring?

No action

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

Patients commented that staff were caring and friendly. They told us that they were treated with respect and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

Are services responsive to people's needs?

No action

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

Patients had access to appointments to suit their preferences, and emergency appointments were available. Patients could request appointments by telephone or in person. The practice opening hours and out of hours appointment information was provided at the entrance to the practice and on the practice website.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentist to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The provider had taken into account the needs of different groups of people, and the practice was accessible to people with disabilities and impaired mobility. Staff had access to interpreter services where patients required these.

The practice had a complaints policy in place which was displayed in the waiting room and on the practice website, and complaints were thoroughly investigated and responded to appropriately.

Are services well-led?

No action

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

The provider had effective systems and processes in place for monitoring and improving services.

The practice had a management structure in place and some of the staff had lead roles. Staff were aware of their roles and responsibilities. Staff reported that the provider was approachable and helpful, and took account of their views. Staff told us they were encouraged to raise any issues or concerns.

Summary of findings

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks. Policies, procedures and protocols were regularly reviewed.

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement, for example learning from complaints, carrying out audits and gathering patient feedback.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate and securely stored. Patient information was handled confidentially.

The practice held regular staff meetings and these were used to share information to improve future practice and gave everybody an opportunity to openly share information and discuss any concerns or issues.

Goodwin & Associates

Detailed findings

Background to this inspection

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

The inspection took place on 25 July 2016 and was led by a CQC Inspector assisted by a dental specialist adviser.

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

During the inspection we spoke to the dentist, dental nurses and receptionists. We reviewed policies, protocols and other documents and observed procedures. We reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider had procedures in place to report and record significant events and incidents, for example the breakage of a piece of dental equipment. We discussed examples of significant events which could occur in a dental practice and were assured that any incidents would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report. The provider had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to a medicine or medical and dental equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The practice manager brought relevant alerts to the attention of the staff.

Reliable safety systems and processes (including safeguarding)

We saw that the practice had systems, processes and practices in place to keep people safe from abuse.

The provider had a whistleblowing policy in place and there was a procedure in place to enable staff to raise issues and concerns.

The practice had a policy for safeguarding children and vulnerable adults however this was not dated. Staff we spoke with understood the policy. A member of staff had a lead role for safeguarding and provided advice and support to staff. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were contained within the policy. Staff were trained to the appropriate level in safeguarding and were aware of how to identify abuse and follow up on concerns.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Records contained a medical history which was completed or updated by the patient and reviewed by the clinician prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, what was due to be carried out next and details of alternatives. Records were stored securely.

We saw that the practice followed recognised guidance and current practice to keep patients safe. For example, we checked whether the dentist used dental dam routinely to protect the patient's airway during root canal treatment. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. The dentist told us that a dental dam was routinely used in root canal treatments. This was documented in the dental records we reviewed. We noted that the dentist was following recognised guidelines and best practice in the surgical placement of implants and had a dedicated room available for this work to be carried out in.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training as a team and this was updated annually. Staff described to us how they would deal with a variety of medical emergencies.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. [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]. We saw records to show that the medicines and equipment were checked regularly.

No action

Are services safe?

The practice stored emergency medicines and equipment centrally in the practice and staff were able to tell us where they were located.

Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, a dentist, a dental therapists and dental nurses, to deliver care in the best possible way for patients. Staff were trained in patient sedation. Two of the dental nurses had enhanced skills for dental nurses in fluoride application.

The practice had a recruitment policy and recruitment procedures in place, which reflected the requirements of current legislation. The practice maintained recruitment records for each member of staff. We reviewed a number of these records and saw most of the prescribed information was present, for example, evidence of qualifications, evidence of registration with their professional body, the General Dental Council, where required, evidence of indemnity and evidence that Disclosure and Barring checks had been carried out where appropriate. However there were no documents enclosed in the files to confirm the identity of staff. The principle dentist and the practice agreed to action this and evidence was sent to the inspectors within 48 hours to show this had been done. Staff employment records were stored securely to prevent unauthorised access.

The provider had a comprehensive induction programme in place and we saw evidence of this for the most recently recruited member of staff.

Responsibilities were shared between staff, for example, there were lead roles for infection control and safeguarding. Staff we spoke to were aware of their own competencies, skills and abilities.

Monitoring health and safety and responding to risks

The provider had systems in place to assess, monitor and mitigate risks, with a view to keeping staff and patients safe.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties and to manage risks at the practice. Policies, procedures and risk assessments were regularly reviewed by the practice manager within their monthly quality assurance checks.

The provider had a control of substances hazardous to health risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained details to inform staff what action to take in the event of a chemical spillage, accidental swallowing or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients.

We saw that the practice had carried out a sharps risk assessment. The provider had implemented measures to mitigate the risks associated with the use of sharps, for example, the provider had implemented a safer sharps system to dispose of used needles. Sharps bins were suitably located in the clinical areas to allow appropriate disposal. The sharps policy also detailed procedures to follow in the event of a sharps injury. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received a vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products and are at increased risk of injuries from sharp instruments should receive these vaccinations to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment was due to be updated following the refurbishment. The provider had arrangements in place to manage and mitigate the risks associated with fire, for example, safety signage was displayed and firefighting equipment was available. Staff were familiar with the evacuation procedure in the event of a fire.

Infection control

The practice had an overarching infection control policy in place underpinned by policies and procedures which detailed decontamination and cleaning tasks.

One member of staff had a lead role for infection prevention and control.

The practice undertook infection control audits six monthly, however due to staff oversight the last audit had

not been printed and made available to inspectors. This was rectified by the provider within 48 hours demonstrating that an audit had been performed March 2016 and the practice had scored 95%. Any actions identified in the audits were due to the completion of the refurbishment.

We observed that there were adequate hand washing facilities available in the treatment rooms and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05). Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination rooms. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process. Packaged instruments were dated with an expiry date in accordance with HTM 01-05 guidance.

The practice had a decontamination room which had defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting and sterilising instruments to minimise the risk of infection. We saw that the magnifying mirror used by staff to check that instruments were clean had been removed in the refurbishment and had not been returned, however the provider rectified this immediately after the inspection.

Staff showed us the systems in place to ensure the decontamination process was tested and decontamination equipment was checked, tested and maintained in accordance with the manufacturer's instructions and HTM 01-05, and we saw records of these checks and tests.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The provider had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises and was awaiting the results. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The dental water lines and suction unit were cleaned and disinfected daily, in accordance with guidance, to prevent the growth and spread of Legionella bacteria. We did see that, although hot and cold water temperatures were recorded, the hot water only reached a temperature of 50 degrees not 55 degrees as recommended in the risk assessment. The provider rectified this immediately by turning the thermostatic control up on the new combi boiler.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had an environmental cleaning policy in place and a cleaning schedule identifying tasks to be completed, daily, weekly and monthly. Cleaning was the responsibility of a cleaner, but the dental nurses were responsible for cleaning the clinical areas. The practice used a colour coding system to assist with cleaning risk identification. We observed that the practice was clean, and treatment rooms and the decontamination rooms were clean and uncluttered.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

Equipment and medicines

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment, the air compressor and the X-ray machines. The practice carried out regular current portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety. We saw that some equipment still had to be signed off as safe to use but the provider was able to demonstrate that these would be completed within a short timeframe.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

No action

Are services safe?

The practice offered treatment under conscious sedation, (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003. They were aware of the updated guidance issued in 2015 and had a plan in place to achieve the standard outlined in the 2015 guidance.

Radiography (X-rays)

The practice maintained a radiation protection file which contained the required information. The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

We saw critical examination packs for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years and we saw that any required actions resulting from testing were carried out promptly.

We observed that local rules, which included specific working instructions for staff using the X-ray equipment, were available. We saw that warning signage and signals were displayed where X-ray equipment was used.

Dental care records confirmed that X-rays were justified, reported on and quality assured, and we saw evidence of regular auditing of the quality of the X-ray images which demonstrated the practice was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000, (IRMER), current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines, and patients and staff were protected from unnecessary exposure to radiation.

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and General Dental Council guidelines. The dentist described to us how examinations and assessments were carried out. Patients completed a medical history form which included detailing health conditions, medicines being taken and allergies, as well as details of their dental and social history. The dentist then carried out a detailed examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment.

Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw patients' signed treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that clinicians were clear about treatment options and treatment plans were informative.

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

Health promotion and prevention

We saw that staff adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice and information on dental hygiene procedures, diet and lifestyle was given to the patients in order to improve health outcomes for them. Where appropriate fluoride treatments were prescribed and administered by trained dental nurses. Tooth brushing techniques were explained to patients in a way they understood. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

We observed that staff had the skills, knowledge and experience to deliver effective care and treatment.

The provider had a training policy in place which set out arrangements for training to be provided by the practice and details of funding should staff wish to undertake additional training. The practice used a variety of training methods to deliver training to staff, for example lunch and learn sessions, external courses and online learning.

New staff and trainees undertook a programme of training and supervision before being allowed to carry out any duties at the practice unsupervised.

The practice had recently introduced a staff appraisal scheme. We saw two appraisal records and noted the appraisals were a two way process with actions identified in them. Staff confirmed appraisals were used to identify training needs.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC. The provider had training in place which supported staff in meeting the requirements of their professional registration.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support; safeguarding, infection control and radiology were undertaken yearly. The practice manager was in the process of carrying out checks to ensure dental professionals, (including the dentists) were up to date with their CPD. We reviewed a

number of staff records and found these contained a variety of CPD, however we saw that some files did not show that all staff had been updated in the core GDC subjects.

Working with other services

The practice had effective arrangements in place for referrals. Urgent referrals were made in line with current guidelines. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment out of these competencies. The practice was primarily a referral practice and accepted referrals for dental treatment. Information was shared appropriately with the patient's referring dentist both during and after treatment.

Consent to care and treatment

The clinicians described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs.

The clinicians described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed in the dental care records.

The dentist explained that they would not normally provide treatment to patients on their examination appointment unless they were in pain or their presenting condition dictated otherwise. We saw that the dentist allowed patients time to think about the treatment options presented to them.

The clinicians told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Clinicians demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The clinicians we spoke to had an understanding and application of the MCA and we saw that staff had received training in the MCA.

No action

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly and professional. The practice had a separate room available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that the doors were closed at all times when patients were with the clinicians. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. Patient feedback in CQC comment cards confirmed that treatment options, risks and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people. The practice was well maintained and provided a comfortable environment, and the provider had a maintenance programme in place.

We saw that the practice tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually. Patients commented on CQC comments cards that they were always treated as an individual.

We saw that the provider gathered the views of patients when planning and delivering the service via regular patient surveys. Staff told us that patients were always able to provide verbal feedback and this was captured and analysed by the practice, for example, the practice consulted with patients before the refurbishment to get their views on what they would like to see.

Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities and impaired mobility.

The practice was accessible to people with disabilities, impaired mobility and to wheelchair users. Parking was available in streets and car parks nearby. Staff provided assistance should patients require it. The reception, waiting area three surgeries,and the disabled toilet were situated on the ground floor.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing.

The practice made provision for patients to arrange appointments by telephone or in person and patients could choose to receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours and out of hours appointment information were displayed at the entrance to the practice and on the practice website. Emergency appointments were available.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room and on the practice website. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were included. We saw that complaints were promptly and thoroughly investigated and responded to.

No action

Are services well-led?

Our findings

Governance arrangements

The practice was managed by the principle dentist and the practice manager, with some staff having lead roles. We saw that staff had access to suitable supervision and support in order to undertake their roles effectively, and there was clarity in relation to roles and responsibilities.

The provider had systems and processes in place for monitoring and improving the services provided for patients and these were operating effectively.

We saw that arrangements were in place to ensure risks were identified, understood and managed, for example, the provider had carried out risk assessments and put measures in place to mitigate these risks. We saw that risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance. When we looked at policies and procedures we saw that many did not record an up to date review date. When we discussed this with the practice manager they informed us that policies and procedures were reviewed under the quality monitoring system but not always updated in the files. The provider agreed to implement a more robust system to demonstrate that policies and procedures were dated and had been reviewed. For example; policies and procedures were to be put into two large files in alphabetical order and cross referenced with the quality assurance system.

The provider had arrangements in place to ensure that quality and performance were regularly considered and used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback and complaints, and audits of X-rays and dental care records.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained electronically and on paper. Electronic records were password protected and data was backed up daily and paper records were stored securely.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service, for example, staff meetings.

The practice held staff meetings on a monthly basis. The meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of the meetings and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding. Informal discussions were held as the need arose to address issues quickly.

The provider operated an open door policy and staff we spoke to said they could speak to the manager or principal dentist if they had any concerns and that both were approachable and helpful. Staff confirmed all their colleagues were supportive.

Learning and improvement

The provider used quality assurance measures, for example auditing, to encourage continuous improvement. We saw that the audit process was functioning well however some follow up audits to be undertaken by the dentists had not been completed. Audits had clearly identified actions and we saw that these had been carried out.

The provider gathered information on the quality of care from patient feedback and surveys and used this to evaluate and improve the service.

Staff confirmed that learning from complaints, incidents, audits and feedback were discussed at staff meetings to share learning to inform and improve future practice.

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

We saw that people who use the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, and carried out regular patient surveys. We saw that patient feedback was acted on, for example the design of the building.

Staff told us they felt valued and involved. Staff were encouraged to offer suggestions during staff meetings and staff said that suggestions for improvements to the service were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which raised concern.