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Acorn Villas Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 November 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

Acorn Villas Dental Practice is situated in Ilkley, West Yorkshire. The practice offers mainly private dental treatment to patients of all ages and also has a small NHS contract. Approximately 70% of treatment is provided privately and 30% under the NHS system. The services include preventative advice and treatment and routine restorative dental care.

The practice has six surgeries, a preventative dental unit (PDU), a decontamination suite, a waiting area and a reception area. All of the facilities are on the ground floor of the premises along with toilets.

There are four dentists, two dental hygienists, eight dental nurses (one of whom is a trainee), three receptionists and a practice manager.

The opening hours are Monday to Wednesday from 8-00am to 5-00pm, Thursday from 8-00am to 7-00pm and Friday from 8-00am to 4-00pm.

One of the practice owners is registered with the Care Quality Commission (CQC) as an individual. 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.

During the inspection we received feedback from 50 patients. The patients were all positive about the care

Summary of findings

and treatment they received at the practice. Comments included staff were caring, helpful and respectful. They also commented the environment was safe and hygienic and the preventative advice given was invaluable.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- The practice was highly proactive in providing preventative care and advice in line with the 'Delivering Better Oral Health' toolkit (DBOH). This included three weekly sessions where one to one oral hygiene advice was given to patients at no extra fee to the patient.
- We observed patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.

We identified the following notable practice:

- The practice was proactive in promoting prevention. There was a preventative dental unit (PDU) where one to one oral hygiene advice was given to patients three afternoons a week. Three dental nurses had completed the oral health education course and provided tailored oral hygiene advice to both adults and children. Staff also visited local schools and children's groups to provide oral hygiene advice. The practice also ran monthly campaigns relating to oral health promotion. The aim of this was to reduce the incidence of dental decay in the local population.
- We saw the practice held periodontal team meetings which involved the dentists and the dental hygienists. During these meetings they discussed different ways to improve the outcomes for patients who were suffering with periodontal disease. We were told these meetings were a good opportunity to discuss cases. The registered provider told us they were planning on involving the oral health educators in these meetings as they were considered a key part of the team. The aim of this was to improve the outcomes for patients who suffered with gum disease.
- We think this is notable practice because it demonstrates a commitment to improving oral health utilising the different skills within the practice and available to both NHS and private patients.

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

- Review the system for identifying and disposing of out-of-date stock.

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.

Staff told us they felt confident about reporting incidents, accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

We noted some antibiotics which were being held were out of date. It was highly unlikely any patients would have received these out of date antibiotics as staff checked the expiry date of the antibiotic prior to giving them to a patient. This issue was raised with the practice manager and the registered provider on the day of inspection and these were disposed of accordingly, a significant event recorded and a more robust process was put in place to prevent this from occurring again.

Are services effective?

No action

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The practice had recently implemented periodontal meetings involving all the dentists and the hygienists. This was an opportunity to discuss how to treat gum disease more effectively and share best practice.

The practice was proactive in promoting prevention. There was a preventative dental unit (PDU) where one to one oral hygiene advice was given to patients three afternoons a week. Three dental nurses had completed the oral health education course and were able to provide tailored oral hygiene advice to both adults and children. Staff also visited local schools and brownie

Summary of findings

groups to provide oral hygiene advice. The practice also ran monthly campaigns relating to oral health promotion. We think this is notable practice because it demonstrates a commitment to improving oral health through training all staff to maximise their ability to meet the needs of the patients.

All Staff were encouraged to complete training to enhance their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice or in response to patient preference.

Are services caring?

No action ✓

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

During the inspection we received feedback from 50 patients. Patients commented staff were caring, helpful and respectful. They also commented that the treatments were well explained and that they highly valued the preventive input.

We observed the staff to be welcoming and caring towards the patients.

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

Are services responsive to people's needs?

No action ✓

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to enable patients with limited mobility to access treatment. Due to the nature of the premises wheelchair access was not possible and patients were signposted to a more suitable practice. The practice had installed hand rails outside to enable those with limited mobility to access the premises.

Are services well-led?

No action ✓

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 staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. The registered provider was an effective clinical lead. The practice ethos was embedded and continuous improvement by means of staff training was clearly evident.

Summary of findings

Effective arrangements were in place to share information with staff by means of monthly practice meetings which were well minuted for those staff unable to attend.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice carried out an annual patient satisfaction survey and analysed the results to look for areas where improvements were achievable. They also conducted the NHS Friends and Family Test (FFT).

Acorn Villas Dental Practice

Detailed findings

Background to this inspection

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

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed local NHS England area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

During the inspection we received feedback from 50 patients. We also spoke with two dentists, three dental nurses, one receptionist and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We reviewed a significant event which had occurred. This had been well documented and analysed. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and what notifications needed to be made to the CQC.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and were then stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The registered provider and the practice manager were the safeguarding leads for the practice and all staff had undertaken level two safeguarding training. The safeguarding leads had also completed specific training designed for leads in safeguarding in the dental environment.

The practice had systems in place to help ensure the safety of staff and patients. These included a risk assessment for the safe re-sheathing of needles, a protocol whereby only the dentists handle sharps and guidelines about responding to a sharps injury (injuries from needles and sharp instruments).

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 reason was recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised; password protected and backed up to secure storage to keep personal details safe.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kit was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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 also maintained an AED situated outside the practice in a locked cabinet. This was used by the community in the event of a medical emergency. It was checked daily and pads replaced as necessary.

Records showed regular checks were carried out on the AEDs, emergency medicines and the oxygen cylinders. These checks ensured the oxygen cylinders were full and in good working order, the AED batteries were charged and the emergency medicines were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references,

proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These 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 reviewed records of staff recruitment and these showed all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). The practice paid for the indemnity insurance for the dental nurses and the practice manager had a robust system in place to ensure all dental nurses indemnity and registration fees were paid on time.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These included manual handling, the use of visual display units and the use of the autoclaves.

The practice carried out an annual risk assessment of the premises. Issues identified were recorded and actioned, ensuring that risks were appropriately managed in a timely manner.

A fire risk assessment had been carried out and the recommendations had been implemented. We saw evidence of monthly smoke alarm tests, bi-annual fire drills and annual servicing of extinguishers.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. This folder was reviewed on an annual basis and new substances were added as necessary.

Infection control

There was an infection 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 control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. A dental nurse was the nominated infection control lead with responsibility for overseeing the practice infection control procedures.

Staff had received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination suite to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination suite in accordance with HTM 01-05 guidance. There was clear zoning between the clean and dirty areas of the decontamination suite. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of infection spread.

Are services safe?

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

The practice had systems in place for daily and weekly quality testing of the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had been carrying out an Infection Prevention Society (IPS) self- assessment audit regularly every six months. This audit relates to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included flushing the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and the use of a water conditioning agent.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. The practice manager maintained a comprehensive list of all equipment including dates when equipment required servicing. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in July 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely. Prescriptions were stamped only at the point of issue. The practice also dispensed antibiotics for private patients. These were kept locked away and a log of which antibiotics had been dispensed was kept. When we looked at the stocks of antibiotics we identified a small number which were out of date. This was highlighted to the practice manager and the registered provider on the day of inspection. We saw a significant event report was produced and a more robust stock control system was put in place. There was a system whereby staff checked the expiry date on the antibiotics prior to dispensing them to patients which would nevertheless prevent patients receiving out of date medicines.

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 regularly tested, serviced and repairs undertaken when necessary. 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 and within the radiation protection folder for staff to reference if needed. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were conducted regularly. This included assessing the quality of the X-rays. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). We were told as a result of the last X-ray audit completed in May 2016 the registered provider had decided to move to a digital X-ray system to reduce the radiation dose to patients and prevent any developing issues which would affect the quality of the X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination 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.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken. During the inspection we noted the dentists used dental loupes during examinations and whilst providing treatment. Dental loupes provide a dentist with a degree of magnification which aids visual acuity and aids correct diagnosis and treatment of dental conditions.

We saw the practice held periodontal team meetings which involved the dentists and the dental hygienists. During these meetings they discussed different ways to improve the outcomes for patients who were suffering with periodontal disease. We were told these meetings were a good opportunity to discuss cases. The registered provider told us they were planning on involving the oral health educators in these meetings as they were considered a key part of the team.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to the teeth of children who attended for an examination. Fissure sealants were also applied to the teeth of children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

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 dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health and the synergistic effects of smoking and alcohol with regards to oral cancer. There were health promotion leaflets available in the waiting room to support patients.

The practice had received the 'Health Promoting Dental Practice Award' (HPDPA) from the Local Area Team. This award scheme works with dental teams to identify the knowledge, skills and support necessary for dental practices to work with their patients to improve their oral health.

The practice had a dedicated preventative dental unit (PDU). This was used to provide tailored one to one oral hygiene advice to patients. They ran three afternoon sessions each week and they had proved to be very popular and successful. The PDU was well organised and had sinks and mirrors which could be used to demonstrate effective tooth brushing techniques to patients. We were told they would use disclosing solution on patients' teeth to highlight where they were not brushing correctly. There were multiple models, diagrams and leaflets about oral hygiene available in this room. Three dental nurses had achieved the oral health educators' qualification and they

Are services effective?

(for example, treatment is effective)

took turns to work in the PDU. The dental nurses would make notes of the discussions which took place during these session and these would form part of the patient's dental care records. Follow up appointments were booked with the oral health educators to monitor progress and could be used to provide extra support. The registered provider felt this facility was an essential part of the practice's preventative ethos. The oral health educators thoroughly enjoyed being part of the team. This service was provided at no extra charge to the patients. The practice manager also told us they would often go into schools and Brownie groups to provide oral health advice.

The practice ran monthly oral health campaigns. This involved different displays in the waiting room. Topics included oral cancer, smoking cessation, sugar awareness and the link between the human papilloma virus and oral cancer. We saw the practice created bespoke information leaflets relating to each topic which were readily available in the waiting room.

The oral health educators were aware of the new NICE guidance relating to oral health for adults in care homes (Ng48). They were currently making contacts with local care homes in order to train care home staff in how to look after residents teeth.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included a health and safety orientation and the location of the emergency equipment. We saw evidence of completed induction checklists in the personnel files. As part of the induction process new recruits were assigned a buddy to help them integrate with the team.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation. Patients would be given a choice of where they could be referred and the option of being referred privately for treatment.

The practice was using the NHS referral system which involved the use of an online system. Referrals could be monitored through this online system. Any letters received back would be saved with the relevant patient's care records.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent fax the same day and a telephone call to confirm the fax had arrived.

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. The dentists 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. The dentists were familiar of the concept of Gillick competency clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

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

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. Patients were given time to consider and make informed decisions about which option they preferred. The dentists were aware that a patient could withdraw consent at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff 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. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

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.

Patients were also informed of the range of treatments available in the practice information leaflet, on notices in the waiting area and on the practice website.

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 for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

Patients commented 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.

All new patients to the practice were given an information pack which included details of the staff, a welcome letter, a price list and several leaflets about what treatments were available at the practice.

We saw that when a new dentist started, a profile of the individual was posted on the practice's social media site and a leaflet was made available in the waiting room. This introduced the new dentists to patients. We were told this had been very popular with patients as it made them feel like they knew the new member of staff before actually meeting them.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. A DDA audit had been completed as required by the Disability Act 2005. Reasonable adjustments had been made to the premises in response to this audit. These included hand rails outside the practice for those with limited mobility. Due to the nature of the building wheelchair access was not possible. We were told that patients in a wheelchair could be signposted to other local practices which were fully accessible. The practice also had a hearing loop and access to translation services for patients whose first language was not English.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website. The opening hours are Monday to Wednesday from 8-00am to 5-00pm, Thursday from 8-00am to 7-00pm and Friday from 8-00am to 4-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. From Monday to Friday private patients were provided with a mobile telephone number which was shared by all the dentists on a rota basis who would either give advice or open the surgery to see the patient. Over the weekend the practice had an arrangement with other local practices to see emergency patients. NHS patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service, displayed in the waiting area, on the practice website and in the practice information leaflet.

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 room. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. The practice had received one complaint in the past 12 months and we found it had been dealt with in line with the practice policy and to the patient's satisfaction. The practice manager kept a detailed log of complaints raised. This included the nature of the complaint, the date it had been acknowledged, the date of response and a conclusion including any actions taken as a result. Complaints would be discussed at staff meetings in order to disseminate learning and prevent recurrence.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice manager was responsible for the day to day running of the service. The registered provider was an effective clinical lead and provided support to members of staff. There was a range of policies and procedures in use at the practice. All staff were provided with a memory stick containing the practice policies. This enabled all staff to reference policies even if they were not at the practice.

We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective 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.

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

The registered provider told us they had recently achieved the Investors in People award. This had helped them develop a more successful business plan. They had developed the practice's vision and ethos. These were evident throughout the practice and it was clear that all staff worked towards them.

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 would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as infection control, patient feedback, health and safety and referrals. The meeting agenda was posted in the staff room and staff were encouraged to suggest topics which should be discussed.

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 audits such as infection prevention and control, X-rays and dental care records. We looked at the audits and saw the practice was performing well.

Staff told us they had access to training and this was monitored to ensure essential 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. The practice paid for staff to attend training including CPD events which covered much of the core CPD. The registered provider also funded staff to attend courses which allowed dental nurses to carry out extended duties. It was clearly evident the practice valued its staff and invested in them.

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

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 annual patient satisfaction surveys and a comment box in the waiting room. The satisfaction survey included questions about the cleanliness of the practice, the value for money and the competence of the dentists. We were told as a result of feedback from patients, text message reminders were changed from 48 hours to 24 hours prior to the appointment as some patients forgot their appointment with 48 hours notice.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services

Are services well-led?

should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said they would recommend the practice to friends and family.