J & T Sanghera Limited

Mercian House Dental Practice

Inspection Report

16 York Street,
Stourport On Severn,
DY13 9EE
Tel: 01299 827437
Website: www.mercianhouse.com

Date of inspection visit: 3 May 2016
Date of publication: 15/06/2016

Overall summary

We carried out an announced comprehensive inspection on 3 May 2016 to ask the practice the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mercian House dental practice is in Stourport on Severn town centre. The practice has two separate registrations with CQC. This is because the NHS treatment is provided by Jugminder Sanghera & Tina Devi Sanghera, a partnership, while private treatment is provided by J and T Sanghera Limited, a company. Because of this we produce two inspection reports. This report is about the service provided by the limited company to provide private care for children and adults. One of the directors is the principal dentist and registered manager, a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has one dentist (the registered manager), a dental therapist, two dental hygienists, three dental nurses and a trainee dental nurse. The clinical team are supported by two reception staff. The dentist takes the lead role in the day to day organisation of the practice.

The practice has three dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. There is level access from the pavement into the practice entrance hall, reception

Summary of findings

and waiting area. The patient toilet is on the ground floor. There are three steps to two treatment rooms and the staff areas; the other treatment room is on the ground floor.

The practice is open from 8.30am to 6pm on Tuesdays, 9am to 6pm on Mondays, Wednesdays and Thursdays and 8.30am to 5pm on Fridays.

The services provided included the option of treatment under conscious sedation and the practice made the expected arrangements to do this safely. Conscious sedation involves the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary while treatment is carried out.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 26 completed cards and also saw the practice's NHS Friends and Family survey results for 2015. All the information showed that patients had a consistently positive view of the service the practice provides. Patients described the practice team as professional, friendly, caring and polite. They said they received calm, gentle treatment and careful explanations of the treatment they needed in language they could understand. The Friends and Family results collated in April 2015 showed that patients were likely, or extremely likely, to recommend the service. The November 2015 results all showed that patients were extremely likely to recommend the service.

Our key findings were:

- The practice was visibly clean and a number of patients mentioned that the practice was always clean and hygienic. The practice had systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had clear processes for dealing with medical emergencies and for ensuring that dental equipment was available and regularly maintained.
- Dental care records provided clear and detailed information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.
- The practice had established a variety of ways to gather patients' views including in-house surveys and the NHS Friends and Family test.
- Patients received a responsive service and staff treated them in a thoughtful, respectful and professional way.
- The practice had governance processes to manage the practice effectively.
- We identified the practice had established a patient participation group. Members were invited to come to the practice each year. The practice used the meetings as another way to obtain patients' views and written minutes were made and shared in the practice newsletter. This showed a positive and open approach to listening to patients. We believe this to be notable practice and is worth sharing.

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 took safety seriously and had systems for managing this. These included policies and procedures for important aspects of health and safety. These included infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and fire safety. Staff were aware of their responsibilities for safeguarding children and adults. Contact information for local safeguarding professionals and relevant policies and procedures were readily available for staff to refer to if needed. Arrangements for the provision of treatment under conscious sedation were in line with published guidance.

Are services effective?

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

The practice provided personalised dental care and treatment. The dental care records we looked at provided clear and detailed information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration. The information we gathered confirmed that the practice provided care and treatment to patients in accordance with published guidance. Staff understood the importance of obtaining informed consent, including when treating patients who might lack capacity to make some decisions themselves.

Are services caring?

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

We gathered patients' views from 26 completed Care Quality Commission comment cards and looked the practice's NHS Friends and Family survey results for 2015. All the information showed that patients had a consistently positive view of the service the practice provides. People described the practice team as friendly, caring and polite. They said they received calm, gentle treatment and careful explanations of the treatment they needed in language they could understand. The Friends and Family results collated in April 2015 showed that patients were likely or extremely likely to recommend the service. The November results all showed that patients were extremely likely to recommend the service. During the inspection we saw staff speaking with patients in a friendly and considerate way. Patients confirmed they were treated with respect.

Are services responsive to people's needs?

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

All the patient feedback we looked at showed high levels of satisfaction with a service which met the needs of adults and children in a personalised way.

The practice was all at ground level and the waiting room had sufficient space for patients using wheelchairs. Staff told us that they booked appointments in the ground floor treatment room for patients unable to manage the small flight of steps to the other ones. Patients could obtain routine treatment and urgent or emergency care when they needed.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients; they had not received any complaints for three years.

Summary of findings

Are services well-led?

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

The practice had had arrangements for managing and monitoring the quality of the service which included relevant policies, systems and processes which were available to all staff. Audits of clinical and other systems and processes were well established at the practice as a means to monitor the quality of the service provided.

The practice team were positive about using learning and development to maintain and improve the quality of the service. There was an established and structured personal development and appraisal process for all staff and regular staff meetings had taken place.

The practice took the views of patients seriously and used the NHS Friends and Family test and in house surveys to gather views. The practice also issued an annual newsletter and had set up a patient participation group (PPG) as an additional means to listen to patients' views.

Mercian House Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 3 May 2016 by a CQC inspector, a CQC head of inspection for dentistry acting as a second inspector and a dental specialist adviser. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team including the dentist who is the registered manager, dental nurses, and a receptionist. We looked around the premises including the decontamination room and treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 26 patients in comment cards provided by CQC before the inspection.

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 a significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events. This included recording forms for staff to use. The policy included a significant event analysis protocol setting out a detailed four step process looking at what happened, why, what was learned and what was changed. There was an appropriate accident book and completed forms were filed in a way that protected the confidentiality of anyone involved in an accident.

The practice subscribed to the government website to obtain immediate updates about alerts and recalls for medicines and medical devices. The dentist had a system for monitoring these. The dentist used an application on their smart phone to monitor medicines related reports; and explained that if necessary they could also use this to report any concerns they identified at the practice.

We saw that when adverse incidents occurred these were recorded, changes were made and relevant information was recorded. The practice had only had two accidents; both were injuries to staff from dental needles. These resulted in the practice disposing of all of their traditional syringes and changing to a recognised safer sharps system. A complaint regarding a patient having problems with a temporary denture led to the practice introducing specific information and consent forms when patients were fitted with a temporary denture immediately following an extraction.

The practice was aware of the legal requirement, the Duty of Candour, to tell patients when an adverse incident directly affected them and had discussed this at a staff meeting.

Reliable safety systems and processes (including safeguarding)

Clinical and non-clinical staff we met were aware of how to recognise potential concerns about the safety and well-being of children, young people and adults whose circumstances might make them vulnerable. All of the practice team had completed suitable safeguarding training for their roles.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in Worcestershire. Staff knew that the dentist was the named safeguarding lead. The practice had a screen in the waiting room which showed a variety of information throughout the day. This information included information and contact details for organisations involved in child and adult safeguarding and domestic violence. These included local authority safeguarding telephone numbers, ChildLine, and helpline numbers in respect of domestic violence.

We confirmed with the dentist that they used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. The use of a rubber dam was included in the practice's risk log. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

The practice provided conscious sedation and we found that they were 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' commissioned by the Department of Health in 2003. Conscious sedation involves the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary while treatment is carried out.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We saw evidence that staff had completed basic life support training and training in how to use the defibrillator. In addition to this

they worked through medical emergency scenarios throughout the year. Staff told us the most recent scenario was how to deal with a child having an asthma attack if a parent was not present.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The staff kept records of the emergency medicines and equipment to monitor that they were available, in date, and in working order. They had a system for making sure replacements were ordered before the expiry date was reached.

We noted that the glucagon, a medicine used to treat patient with diabetes who experience sudden low blood sugar levels, was refrigerated. Staff completed daily checks of the refrigerator temperature and kept a record of these. Staff knew the action they should take if the temperature was outside the prescribed range.

Staff recruitment

The practice had a detailed recruitment policy and procedure which showed that the practice took the recruitment of suitable staff seriously. This included a copy of the part of the Health and Social Care Act 2008 which sets out the specific checks that are required.

We saw evidence that the practice had obtained Disclosure and Barring Service (DBS) checks for all staff in line with their recruitment policy. The DBS carries out checks to 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. The practice had a policy to ask staff to provide an annual written declaration confirming there had been no change to their status with the disclosure and barring service. We saw evidence of this dating back four years.

We looked at the recruitment records for two staff currently employed at the practice and saw that the provider had completed the expected checks including obtaining satisfactory evidence of conduct in previous health related employment.

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date. Staff told us this was checked as part of their annual appraisal.

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy, a practice risk log and specific risk assessments covering a variety of general and dentistry related health and safety topics. These were supported by a detailed business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice. Staff told us that the dentist had a copy of this off site.

The practice had a fire risk assessment completed by an external fire safety consultant and staff kept records of the routine checks they made of the various fire safety precautions. Arrangements for some aspects of fire safety in the building were the responsibility of the landlord. During the inspection we found that the company who did checks on behalf of the landlord had not recorded the most recent of these in the practice's fire records. The dentist made immediate arrangements to set up their own arrangements to provide them with more control over fire safety and the records available to them for this. Staff we asked knew the procedure to follow in the event of a fire.

The practice had detailed and well organised information about the control of substances hazardous to health (COSHH).

We saw that the practice had a closed circuit television (CCTV) system to monitor the car park, corridors, reception and the waiting room. There was information about this in the waiting room to make patients aware. The practice had a lone working policy to help ensure the safety of staff if they were alone at any time. Staff were aware of the policy and explained to us but said it was rare for anyone to be in the building on their own.

Infection control

The practice team shared responsibility for general cleaning of the building which was visibly clean and tidy. They had a written cleaning schedule which they used to ensure all cleaning tasks were carried out and recorded. Patients who mentioned cleanliness in CQC comment cards were positive about this.

The practice had an infection prevention and control (IPC) policy and one of the dental nurses was the IPC lead for the practice. We saw that focused annual audits of how staff completed the decontamination process had been completed since 2013 and overall IPC audits looking at all aspects of hygiene and cleanliness were carried out twice a year. The practice had an annual IPC statement as

recommended in the Department of Health's Code of Practice on the prevention and control of infections and related guidance. The practice had highlighted a damaged covering on a dental chair in their most recent audit during April and we saw that this was scheduled for repair during May.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that they met the HTM01- 05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in a separate decontamination room. The separation of clean and dirty areas in the decontamination room and in the treatment room was clear. Staff used clearly labelled boxes with lids to carry used and clean instruments between the decontamination room and the treatment rooms.

The dental nurse who showed us the decontamination process explained this clearly. Part of the process involved cleaning used instruments manually. Heavy duty gloves were available and the brush for scrubbing these was stored appropriately. The dental nurse was knowledgeable about the process, including the correct water temperature range for manual cleaning. The practice had an action plan regarding the provision of a washer disinfector if this became mandatory.

The practice kept records of the expected decontamination processes and checks including those which confirmed that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately and that the practice used single use instruments whenever possible.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment room and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and paper towels. Suitable spillage kits were available to enable staff to deal with any loss of bodily fluids safely.

The practice had a Legionella risk assessment carried out by a specialist company in July 2015. Legionella is a bacterium which can contaminate water systems in buildings. We saw that staff carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they also carried out regular flushing of the water lines in accordance with current guidelines.

The segregation and storage of dental waste reflected current guidelines from the Department of Health. The practice had a waste management policy and used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment notices and that the practice kept waste securely stored ready to be collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This displayed in the treatment rooms and staff were aware of what to do. The practice had documented information about the immunisation status of each member of staff. We saw evidence that a member of staff had obtained the necessary screening after receiving an injury from a used dental needle. This had resulted in the practice changing to a safer sharps system. Boxes for the disposal of sharp items were dated and signed.

Equipment and medicines

The practice had maintenance arrangements for equipment to be maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor and X-ray equipment and portable electric appliances.

Medicines were securely stored and the practice kept records to monitor the quantity in stock and the expiry dates. The practice also stored prescription pads securely and kept records of the serial numbers in stock. The serial numbers of prescriptions issued were recorded in individual patients' records. Records of medicines used were kept regarding all treatments provided under conscious sedation. The practice had two pulse oximeters, specific equipment to use to monitor patients during sedation which ensured a replacement if one failed during treatment. The practice regularly checked both were working by testing that the measurements from each were identical.

Are services safe?

The practice had a refrigerator for temperature sensitive medicines and dental materials and we saw that they kept a record to monitor the temperature of this.

The clinical team recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Adviser and the Radiation Protection Supervisor. The records showed that maintenance arrangements for the X-ray equipment were in place. We saw the required information to show that the practice had informed the Health and Safety Executive (HSE) of the X-ray equipment present in the building.

We saw the certificates confirming that the dentist had completed IRMER training for their continuous professional development (CPD) early in their previous five year CPD cycle. They were now part way into a new five year cycle which meant it was slightly more than five years since they had updated their training. The dentist informed us the day after the inspection that they had registered to complete their IRMER training for their current five year cycle straight away and expected to complete it within a week.

We saw evidence that the practice audited the diagnostic quality grading of the X-rays every six months to confirm that they had been justified, graded and reported on. Full information was recorded about each X-ray with an analysis of the quality. The records showed that all X-rays that had been taken had been assessed as grade one indicating that they were good quality.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We discussed the assessment of patients' care and treatment needs with the dentist. They confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). Various information about evidence based dentistry including NICE and other specialist guidance for specific topics including recall intervals and lower wisdom tooth removal, was available at the practice. Posters about recent guidance for assessing the condition of patients' gums were displayed in the treatment rooms.

The practice kept suitably detailed records about patients' dental care. They obtained and regularly updated details of patients' medical history. We confirmed that the team completed comprehensive assessments of patients' oral health including their gum health and checks of soft tissue to monitor for mouth cancer. The practice used a specialised piece of equipment to assist in the examination of patients' mouths to identify possible early signs of disease, including oral cancers. They did not make any additional charge for this and provided the examination for NHS patients as well as those paying privately.

Clear post-operative advice was provided verbally and in writing for patients having conscious sedation and their escorts. Conscious sedation involves the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary while treatment is carried out. The dentist arranged a separate appointment before treatment to carry out a full assessment of the patient and to explain the process. Patients were given a consent form which included all the relevant information to take away and read before the day of their treatment. The practice gave patients guidance about not driving after sedation and having someone to take them home. The practice asked that this person remained at the practice during the patient's treatment. The dentist explained that they usually booked sedation appointments at the end of the morning when no further patients were due for an hour to provide recovery time in the dental chair for patients. An appropriately qualified dental nurse assisted the dentist when patients were treated under sedation. Separate medical history forms were used and pre and post procedure checks of patients' blood pressure and levels of oxygen in the blood were recorded as were all checks of the patient's condition throughout their treatment. Specific written consent forms were used for these procedures. The practice did not have a written sedation policy but had already reviewed recently published government guidance regarding sedation and were planning how to implement this. The practice sent us a written policy within 48 hours of the inspection.

Health promotion & prevention

The practice was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Information was available for patients about oral health, stopping smoking and sensible alcohol consumption. Some information from the Delivering Better Oral Health guidelines was displayed on the waiting room television screen for patients to see while waiting to go in for their appointments. The practice also emailed information and advice to patients. They found this particularly helpful with young adults who could access it on their smart phones. A range of dental care products were available for patients to buy.

The practice prescribed fluoride toothpaste for patients when they assessed a need for this and provided fluoride applications for children in accordance with current guidelines.

Staffing

The practice had a structured process to ensure staff completed training needed to perform their roles competently and with confidence. We confirmed that staff were supported to complete the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). The practice had evidence that all clinical staff held current GDC registration. The practice policy was for staff to keep their CPD folders at the practice. These included a set format for recording training completed and whether the training was verifiable for CPD purposes. Staff received annual appraisals and had personal development plans (PDPs). These identified their learning needs and goals and set dates for these.

As well as clinically focused training staff had also completed safety related training such as basic life support and defibrillator training, fire safety and infection control. The practice had a structured induction process for new staff.

Are services effective?

(for example, treatment is effective)

The dentist had developed the team to provide a broad skill mix with the aim of providing an effective and responsive clinical team. This included having dental therapists and dental hygienists providing treatment within their scope of practice. Information about what each was able to provide was displayed at the practice. This enabled the dentist to focus on more complex treatment and emergencies. One of the dental hygienists was due to retire and the practice had already identified an additional dental therapist to join the practice to strengthen the clinical team.

Some of the dental nurses had completed additional training to qualify for extended duties. These included radiography, dental sedation nursing, taking impressions and oral health education. Another had identified goals in their PDP to complete these over the next two years.

The dentist had up to date and appropriate training for providing sedation as did the dental nurse who assisted at these procedures.

Working with other services

The practice referred patients to external professionals if they needed more complex treatment that the practice did not offer such as dental implants, orthodontic treatment and complex root canal treatment.

The practice referred patients for investigations in respect of suspected oral cancer in line with NHS guidelines.

Consent to care and treatment

The dentist, and other staff we discussed this with, understood the importance of obtaining and recording consent and giving patients the information they needed to make informed decisions about their treatment. The practice had completed audits of patient records to monitor that consent was recorded.

The practice had a written consent policy and guidance for staff about the Mental Capacity Act (MCA) 2005.The MCA 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 staff we spoke with understood the relevance of this legislation in dentistry. They were also aware of and understood the legal framework they must follow when considering whether young people under the age of 16 may be able to make their own decisions about care and treatment. This was also covered in detail in the consent policy.

Staff gave us examples of situations where they had needed to take the MCA into account in the service they provided to certain patients. These examples confirmed their understanding of the law, their understanding of patients' needs and their sensitivity in protecting patients' rights and communicating with relatives when necessary.

The practice had specific consent forms for patients having conscious sedation. They also asked the patient's escort to sign a consent form confirming their agreement to remain at the practice during treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected 26 completed cards and also saw the practice's NHS Friends and Family survey results for 2015. All the information showed that patients had a consistently positive view of the service the practice provides. People described the practice team as friendly, caring and polite and said they received calm, gentle treatment which took any anxiety they may feel into consideration.

The waiting room was situated in the same room as the reception area. Staff told us that if a patient needed or wanted more privacy to discuss something they would take them into another room. We saw that the reception computer screens were not visible to patients and that no personal information was left where another patient might see it.

The practice had confidentiality and information governance procedures which all staff were expected to follow. Signed copies were available in the staff files we looked at to demonstrate they had read and understood them

Involvement in decisions about care and treatment

Patients told us the dental team listened to them, put them at ease and gave them careful explanations of the treatment they needed in language they could understand. The practice explained that they provided written treatment plans and used written consent forms for certain procedures. They told us they used flipcharts, diagrams, computer software, X-rays and photographs to explain information to patients. They stressed to us that they would not proceed with any treatment without being sure the patient understood the risks and benefits of this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We collected 26 completed cards and also saw the practice's NHS Friends and Family survey results for 2015. The information this provided reflected patients' satisfaction with a service which was responsive to their needs. Patients with anxiety about dental treatment commented that the dentist had been sensitive and patient and that this had helped them. Treatment using conscious sedation was available to those patients who were particularly anxious and the dentist assessed had assessed as suitable for this.

Clear information was available for patients on the practice website and in leaflets and a television screen at the practice.

Tackling inequity and promoting equality

Staff told us that they had very few patients who were not able to converse confidently in English and had not yet needed to use an interpreting service to assist with communication. They knew how to access one if needed. The practice had an induction hearing loop to assist patients who used hearing aids and spare reading glasses patients could use if they did not have theirs with them. During the inspection we saw a member of staff check discreetly that a patient was happy to fill a form in.

The practice was all at ground level and there was level access from the pavement outside. The waiting room had sufficient space for patients using wheelchairs. Staff told us that they booked appointments in the ground floor treatment room for patients unable to manage the small flight of steps to the others. There was a toilet for patient use which had a grab rail and doors which opened outwards. The space in the room was limited and the wash hand basin and the hand towels were not positioned to assist patients in wheelchairs. There was no emergency call system. The dentist told us that they were in the process of obtaining quotations for improving this facility.

Access to the service

Patients who commented on this confirmed they were able to make appointments easily. The day of our inspection followed a public holiday and the practice had kept several appointments free during the day to cater for anyone who had had a dental problem over the long weekend. During the morning of our inspection two patients came in without appointments and the dentist saw both of them promptly. One told us this was their usual experience and that they were always seen on time. An audit of waiting times in April 2016 showed that 645 were seen within one minute of their appointment time, 88 within 3 minutes and 17 within 4 minutes.

The practice was open from 8.30am to 6pm on Tuesdays, 9am to 6pm on Mondays, Wednesdays and Thursdays and 8.30am to 5pm on Fridays.

The practice worked with a number of other local practices to provide a partial out of hours emergency access rota for private patients. NHS patients who needed urgent treatment outside usual opening hours were advised to use the NHS 111 service as were private patients needing help outside the hours provided by the emergency rota. The practice kept some emergency appointments free each day so patients with pain or other urgent dental needs could be seen the same day. The out of hours arrangements and telephone numbers were provided on the practice's answerphone message. The dentist told us they also gave their mobile number to patients who had received more complex treatment in case they needed help or guidance after the practice closed for the day.

There was information for patients in the waiting room and new patients were given an envelope with a welcome pack. This included a welcome letter, a medical history form, a practice information leaflet and details of private charges and details of a dental payment scheme available to patients.

We looked at the appointment booking system with a member of staff. This confirmed that the length of each patient's appointments was based on their individual treatment plan which reception staff could check on the computer system when making each appointment. However, staff told us that the clinical staff usually came to the desk with patients to say what future appointments were needed.

Concerns & complaints

The practice had a complaints policy and procedure and a copy of this was displayed on a noticeboard in reception. A member of staff showed us a supply of complaints procedures in envelopes which were kept ready to hand to any patient who raised concerns. The procedure explained

Are services responsive to people's needs?

(for example, to feedback?)

who patients should contact about concerns and how the practice would deal with their complaint. The procedure also contained contact details for national organisations that patients could raise their concerns with depending on whether they were NHS or private patients. These included NHS England, the Dental Complaints Service, and the GDC.

The practice had not received any complaints our previous inspection in 2013 and had only received two since the current provider was registered in 2012.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of the British Dental Association Good Practice scheme. This is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to standards of good practice in respect of professional and legal responsibilities. The practice had achieved the scheme's Gold level.

The dentist was the registered manager and took a lead role in the day to day management of the practice as well as their clinical role. They delegated some responsibilities to other members of the team.

The practice had a comprehensive range of detailed policies and procedures to provide the basis for effective management. These included confidentiality, security of patient information and health and safety. The policies had been compiled using relevant national guidance from organisations including the General Dental Council (GDC), British Dental Association (BDA) and the Care Quality Commission (CQC). Each policy was dated and included original and review dates to maintain version control.

Leadership, openness and transparency

The practice team told us they worked well together and enjoyed being part of the team. They told us they communicated well and we saw this in practice during the inspection. The atmosphere at the practice was professional but happy and friendly. Members of the team had delegated roles to share responsibilities and leadership for specific topics including, infection prevention and control, radiation safety, risk assessments and safety related training.

Management lead through learning and improvement

The practice recognised that training and development were important for building an effective staff team. Staff had personal development plans and received annual appraisals. They told us the practice supported them to meet their training needs. They explained that the dentist wanted them to meet their full potential and encouraged them by funding training for them.

The practice had an established programme of clinical and other audits to help them monitor the care and treatment they provided. We noted that the dentist had audited the root canal treatments they had provided since 2012. The audit monitored the success rates of these by looking at the number teeth which patients had been able to keep rather than have out which remained free from pain or other problems. The results of this showed a 93.23% success rate. Other audits included soft tissue checks, patient records, patient waiting times, clinical decision making and patient surveys. We talked with the dentist about the audits of the clinical records which currently looked at the treatment they provided but did not look at records kept by the dental therapist and dental hygienists. They agreed this was a gap in their monitoring process and said they would initiate broader record keeping audits straight away. Within 24 hours of the inspection the practice wrote to confirm that they had reviewed their record audit documents and would audit all the clinicians' records from now on. The practice completed audits to ensure they followed the correct systems and processes when they provided treatment under conscious sedation; these were well documented and showed a commitment to monitoring and improving practice.

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

The practice used the NHS Friends and Family survey to obtain patients views. The results collated in April 2015 showed that patients were likely or extremely likely to recommend the service. The November results all showed that patients were extremely likely to recommend the service. The practice also had a visitors' book, a suggestion box and in house surveys. Improvements resulting from the surveys included the provision of hand sanitizer at the side door to the practice and a handrail to help patients use the small flight of steps from the waiting room to two of the treatment rooms.

There was a television screen in the waiting room. This provided a variety of information for patients about how they could share their views about the service including information about the practice's complaints procedure. Details of the date of the CQC inspection were also shown together with how patients could use the 'share your experience' facility on our website to tell us about the practice. This information was also displayed on the

Are services well-led?

practice's website during the two weeks before our inspection. The practice published an annual newsletter and sent a copy to all patients as well as putting it on their website.

The practice had a patient participation group which they invited to come to the practice each year. The numbers attending varied with 10 in 2014 and four in 2015. The practice used the meetings as another way to obtain patients' views and written minutes were made and shared in the practice newsletter. The only significant concern raised was that the car park had an uneven surface and no lighting. The dentist explained to us that this was a challenge for them because the car park was shared with other tenants and upkeep was the landlord's responsibility.

We saw minutes of regular staff meetings during 2015 and 2016 and noted that there had been monthly meetings since 2012. These provided staff with the opportunity to discuss a variety of topics including medical emergency scenarios, audit results, clinical practice, policy updates, incidents and the day to day running of the practice. We noted that they also included discussions about social events. If staff were not at a meeting they were encouraged to read the notes of the meeting to see what was discussed.