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Diamond Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 August 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

The practice is located in premises in Kirkby-in-Ashfield in north Nottinghamshire. The practice provides mostly NHS dental treatments with approximately 98% of the treatment provided to NHS patients. There is a small car park to the rear of the practice otherwise there is roadside parking available in the local area. There is one treatment room which is located on the ground floor.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday to Thursday: 9 am to 5:30 pm; Friday: 9 am to 1 pm. The practice is closed at weekends.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

The practice has one dentist, two qualified dental nurses and one trainee dental nurse. The dental nurses also work on the reception desk

We received positive feedback from 32 patients about the services provided. This was by speaking with patients in the practice and through CQC comment cards left at the practice prior to the inspection.

Our key findings were:

- Patients at the practice and through CQC comment cards provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- The practice was well equipped.
- Patients' confidentiality was maintained.
- The practice was visibly clean and tidy.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. Particularly in respect of fully recording clinical examinations and discussions, dating policies, procedures and risk assessments and identifying when those documents are to be reviewed.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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 received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

The practice was visibly clean.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice had systems in place for making referrals to other dental professionals when it was clinically necessary.

No action



Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

No action



Summary of findings

Feedback from patients identified staff were friendly, welcoming and professional. Feedback indicated that the practice treated patients with dignity and respect.

There were systems for patients to be able to express their views and opinions.

Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice was located on the ground floor. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility. A hearing induction loop was being installed following the inspection.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the waiting room, and the practice leaflet.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



Are services well-led?

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

Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. However, the system could be improved to include an audit of record keeping and analysis of the findings.

Policies and procedures had been kept under review but were not always dated.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

Staff said the practice was a friendly place to work, and they could speak with the dentist if they had any concerns.

No action



Diamond Dental Care

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.

We carried out an announced, comprehensive inspection on 9 August 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

We reviewed the information we held about the practice and found there were no areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 32 patients about the dental 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 systems for recording and investigating accidents, significant events and complaints. However, staff said that there had not been any accidents, significant events or complaints to record and investigate in the previous year. The systems would allow them to be analysed and any learning points identified and shared with the staff. Documentation showed how this would be completed.

The practice had not made any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports. Staff said there had been no RIDDOR notifications made although they were aware how to make these on-line.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received by the dentist who analysed them and shared with staff as appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children. The policy had been reviewed and updated in October 2015. The policy identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and a flow chart for actions were available for staff. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. A copy of the Department of Health document 'Child protection and the dental team' was available in the practice.

A dental nurse was the identified lead for safeguarding in the practice. We saw evidence that all staff had completed safeguarding training, and minutes of a staff meeting in October 2015 identified that a safeguarding update had been given to all staff.

The practice was aware of the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The risks associated with COSHH had been identified and there were

hard copies of manufacturers' product data sheets and a risk assessment. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 27 May 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. The certificate was on display in the reception area.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentist handled sharp instruments.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bin was located in the treatment room in accordance with the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children.

The dentist told us he 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, square 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 (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly.

Are services safe?

There were two first aid boxes in the practice. One was located behind reception and one in the treatment room. We saw evidence the contents were being checked regularly.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

The practice had made arrangements with a company to carry out basic life support, resuscitation and first aid training in September 2016.

Additional emergency equipment available at the practice included: airways to support breathing, oxygen masks for adults and children, manual resuscitation equipment (a bag valve mask) and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

Staff recruitment

We looked at the staff recruitment files for one staff member to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3) identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that only the dentist had received a DBS check. We discussed the records that should be held in the recruitment files with the dentist and identified the steps that needed to be taken to comply with the regulations. Following the inspection we received documentary evidence that all staff had received a DBS check.

Monitoring health & safety and responding to risks

The practice had identified the dentist as the lead person who had responsibility for health and safety. As part of the health and safety approach environmental risk assessments had been completed. For example there were risk assessments for: fire, infection control and manual handling.

Records showed that fire extinguishers had been serviced in July 2016.

The practice had a health and safety law poster on display in the reception area. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in January 2016. A copy of the policy was available to staff in all clinical areas. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that an infection control audit had been completed. The last audit was completed on 6 August 2016 and scored 99%. The guidance (HTM 01-05) identified that infection control audits should be completed on a six monthly basis. Staff acknowledged this had not been achieved in the past. We were assured that six monthly audits would be completed in future and a note had been made that the next audit was due in February 2017.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The waste contract also covered the collection of amalgam,

Are services safe?

a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had spillage kits for mercury and bodily fluids. Both spillage kits were within their use by date.

There was one decontamination room. This was where dental instruments were cleaned and sterilised. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice was aware of latex allergies and as a result alternative latex free gloves were available

We saw that instruments were being cleaned and sterilised at the practice. A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice used manual cleaning to clean dental instruments. We saw a long handled brush as identified in the guidance (HTM 01-05) was used for manual cleaning. The water temperature during the manual cleaning was being routinely measured and records were kept to demonstrate the water temperature. The guidance HTM 01-05 identifies that the water temperature should not exceed 45 degrees centigrade during manual cleaning. After cleaning, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in the practice's autoclave (a device for sterilising dental and medical instruments). The practice had one steam autoclave which was designed to sterilise unwrapped or solid instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in August 2016. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in April 2016. There was a Landlords gas safety certificate dated 26 January 2016. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in June 2016, as had the checks on the autoclave.

The practice did not have emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and saw that the following medicine was not present: Glucagon which is a hormone which helps to raise blood glucose (sugar) levels. Following the inspection evidence was sent to CQC that the practice had acquired the necessary Glucagon.

We saw records to show that the medicines were checked monthly. All medicines were within their expiry date. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had one intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull.

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

Are services safe?

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

Records showed the X-ray equipment had last been inspected in March 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years.

The practice used non-digital X-rays. There were systems and processes to ensure the process was completed safely. This reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual

circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was not always recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This would include the grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. The Faculty of General Dental Practice (FGDP UK) had issued guidelines: 'selection criteria for dental radiography' (2013) which would give dental staff further guidance. We saw that x-rays had been audited with documentation dating back to May 2016. However, we did not see any evidence of the results being analysed. Following the inspection we were assured by the provider the process for auditing x-rays had been reviewed and data analysed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had introduced an electronic dental care record system for each patient in April 2015. Dental care records contained information about the patients' assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by the dentist. The care records showed a thorough examination had been completed. However, the records did not always record that costs of treatment had been discussed and risk factors such as smoking and diet were not always recorded for each patient.

Patients at the practice completed a medical history form on their first visit to the practice. At any appointments after this the information was checked by the patient and updated if necessary. Any changes were uploaded into the electronic dental care records in the treatment room. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies. The dentist also signed the medical history update form to evidence the details had been discussed with the patient.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentist used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw the dentist used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentist showed they were aware of the relevant National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had one waiting room where a range of posters and leaflets relating to good oral health and hygiene were on display.

Discussions with the dentist identified that children seen at the practice were offered fluoride application varnish and fluoride toothpaste. This was if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. Discussions with the dentist showed they had a good knowledge and understanding of the 'delivering better oral health' toolkit.

We saw examples in some patients' dental care records where the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. However, there were some examples where this had not been recorded. With regard to smoking, where recorded the dentist had particularly highlighted the risk of dental disease and oral cancer.

Staffing

The practice had one dentist and two qualified dental nurses who also worked on the reception desk. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We looked at staff training records for three staff members and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that all staff had an annual appraisal. We saw copies of personal development plans which identified training needs and behaviours for the coming year. We also saw evidence of the most recent member of staff having had an induction programme at the practice.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere. This was usually to the maxillo-facial department of the local hospital.

The practice referral system was monitored through a tracking system. Staff said the referral system worked well and we saw evidence that referrals had been made promptly.

Consent to care and treatment

The practice had a copy of the General Dental Council (GDC) 'principles of patient consent'. A number of different consent forms were available including one for adults who

are unable to consent to investigation or treatment. This consent form made reference to capacity and best interest decisions as identified in the Mental Capacity Act 2005 (MCA).

We saw how consent was recorded in the patients' dental care records. The records showed the dentist had discussed the treatment plans with the patients, which allowed patients to give their informed consent. As most patients received NHS treatment, the FP17 DC form which is the standard NHS consent form, was used to record consent. A copy of the consent form and treatment plan was also given to the patient.

A consent form for the treatment of a child or young person made reference to obtaining consent from children under the age of 16. The form identified the legal precedent that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. This is known as Gillick competency.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

At various points throughout the inspection we observed staff speaking with patients. We saw that staff had a friendly and welcoming approach and treated patients with dignity and respect.

The reception desk was located next to the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk. In addition if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. Patients' dental care records were password protected and held securely.

Involvement in decisions about care and treatment

We received positive feedback from 32 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking to patients in the practice.

The practice offered mostly NHS treatments and the costs were clearly displayed in the practice, in the waiting room and in reception. The fees for private treatment were available on request.

We spoke with the dentist about how patients had their diagnosis and dental treatment discussed with them. The dentist demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. There was a poster in the waiting room explaining the NICE guidelines in respect of recalls for appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in ground floor premises close to the centre of Kirkby-in-Ashfield. There was a small car park at the rear of the practice. Alternatively there was road side car parking in the local area. There was one treatment room which was located at ground level.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient within 24 hours and usually the same day. To facilitate this the practice made specific appointment slots available in the morning and afternoon for patients who were in pain. Alternatively patients could come to the practice and sit and wait. We received feedback from patients using CQC comment cards who said they had been seen quickly in an emergency situation.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

Tackling inequity and promoting equality

The practice had a disability policy which was on display in the waiting room. This policy was updated following the inspection and a copy was sent to the Care Quality Commission.

The treatment room was situated on the ground floor. This allowed patients with restricted mobility easy access to treatment at the practice. The treatment room was large enough for patients to manoeuvre a wheelchair or push chair.

The practice had one ground floor toilet which provided level access. There were grab handles and bars to support patients the needs of patients with restricted mobility.

The practice had completed an access audit in line with the Equality Act (2010) this had been reviewed and updated in August 2016. The practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices. Following the inspection the provider contacted the Care Quality Commission (CQC) to inform us that a hearing loop had been purchased.

The practice had access to a recognised company to provide telephone interpreters. Additionally NHS England provided information on accessing interpreters and this included the use of sign language.

Access to the service

The practice's opening hours were - Monday to Thursday: 9 am to 5:30 pm; Friday: 9 am to 1 pm.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 number.

Concerns & complaints

The practice had a complaints procedure which was on display in both the reception and the waiting room. The policy had been reviewed in April 2016. The procedure explained how to complain for both private and NHS patients. The policy included other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information relating to the local patient advice liaison service (PALS) was available in the waiting room. This identified how patients who wanted to make a complaint or who were making a complaint could be supported.

From information received before the inspection we saw that there had been no formal complaints received in the 12 months prior to our inspection. The documentation showed that an anonymous complaint received before this time, had been handled appropriately and had been discussed in a staff meeting.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice. Some had been reviewed and where relevant updated during the twelve months before this inspection, however, some had no date to identify when a review was due. We brought this to the attention of the dentist who said this issue would be addressed.

We spoke with staff who said they understood the structure of the practice. Staff said if they had any concerns they would raise these with the dentist. We spoke with all four members of the dental team. Three members of staff had been at the practice for many years and said there were good working relationships at the practice.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained insufficient detail for example treatment options and costs were not always recorded. The Faculty of General Dental Practice (FGDP UK) had issued guidelines: 'Clinical examination and record keeping' which gave clear guidance to dental practitioners. The dental care records we saw did not all follow these guidelines.

Leadership, openness and transparency

We saw that full staff meetings were scheduled for once a month throughout the year. The agenda covered areas such as: complaints and safety alerts. Staff meetings were minuted and minutes were available to all staff. When there were learning points to be shared with staff we saw evidence these had been discussed and shared as appropriate.

Observations demonstrated there was a positive attitude towards patients from staff throughout the practice. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which identified how staff could raise any concerns they had about colleagues' conduct or clinical practice.

Learning and improvement

The practice had a clinical audit policy which identified a range of audits that would be completed. We saw that not all of the identified audits had been completed. Examples of completed audits included: infection control and the use of single use items which were audited in January 2016. However, we did not see any evidence that a record keeping audit had been completed, and we saw no evidence that the audit of the radiographs (X-rays) had been analysed.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England.

The NHS Choices website: www.nhs.uk had 20 patient reviews over the past four years and two within the year up to this inspection. Reviews were mixed although most provided positive feedback. Where negative feedback had been provided we saw this had been discussed in the practice and where possible action taken to address the issue.