

Jonathan Burgess Limited

The Dentist Wilmslow

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 January 2017 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 Dentist Wilmslow is located in the centre of Wilmslow and comprises a reception and waiting room, a treatment

room, a decontamination room and staff rooms all at ground floor level. Parking is available in nearby car parks. The practice is accessible to patients with disabilities, limited mobility, and to wheelchair users. The provider has been providing services at this location since December 2013.

There are patient toilet facilities available in the practice.

The practice provides general dental treatment to patients on a privately funded basis. The opening times are Monday, Wednesday and Friday 9.00am to 4.30pm, Tuesday and Thursday 10.00am to 7.00pm, and Saturday 9.30am to 3.30pm. The practice is staffed by a principal dentist, a practice manager and two dental nurses. A visiting dentist also provides a sedation service for patients who are anxious or undergoing lengthy procedures.

The principal dentist is the registered manager. A registered manager is 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.

We received feedback from 14 people during the inspection about the services provided. Patients commented that they found the practice and treatment to be excellent, and that staff were professional, friendly,

Summary of findings

and caring. They said that they were always given good and helpful explanations about dental treatment, and that the dentist listened to them. Patients commented that the practice was clean and comfortable.

Our key findings were:

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

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System as well as from other relevant bodies such as, Public Health England.
- Review the availability and checking of medicines and equipment to manage medical emergencies having due regard to guidelines issued by the Resuscitation Council UK and the General Dental Council standards for the dental team.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance, specifically in relation to the sterilisation of handpieces, and the implementation of the required actions from the legionella risk assessment, namely the monitoring and recording of water temperatures.
- Review training to ensure that staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role having due regard to current guidelines.
- Review the practice's safeguarding training ensuring all staff are trained to an appropriate level for their role.
- Review the systems for assessing, monitoring and mitigating the various risks arising from undertaking of the regulated activities, specifically in relation to sharps and immunisation effectiveness.
- Review the storage of paper dental care records to ensure they are stored securely.

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

Staff were appropriately recruited, suitably trained and skilled.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals.

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

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

The practice had most emergency medicines and equipment available, including an automated external defibrillator. One emergency medicine and two pieces of equipment were not available. Staff were trained in responding to medical emergencies.

There was guidance for staff on the decontamination of dental instruments. We asked the practice to review the method of sterilisation of the handpieces. We also asked the provider to ensure water temperature checks were re-instated to reduce the risks from legionella.

The practice was assessing and monitoring risks arising from the operation of a dental service but needed to put in place further measures to control some of these risks.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment. Patients' medical history was recorded at their initial visit and updated at subsequent visits. The dentist carried out an assessment of the patient's dental health. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved. Patients' consent was obtained before treatment was provided; and treatment focused on the patients' individual needs.

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

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received on-going training to assist them in carrying out their roles.

No action



Summary of findings

The dentist and a dental nurse had some practical experience in assisting the visiting sedationist in conscious sedation procedures but we asked the provider to review training to ensure that staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role having due regard to current guidelines.

Are services caring?

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

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

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

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

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

No action



Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice, in the practice leaflet, and on the practice website.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentist to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient.

The provider had taken into account the needs of different groups of people and put adjustments in place, for example, for people with disabilities, wheelchair users, and patients whose first language was not English. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

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

No action



Are services well-led?

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

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

No action



Summary of findings

The practice had a management structure in place, and some of the staff had lead roles. Staff reported that the provide and manager were approachable and helpful, and took account of their views.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely. We saw that these were regularly reviewed.

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

The culture of the practice encouraged openness and honesty. Staff told us they were encouraged to raise any issues or concerns.

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

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. Electronic records were securely stored but improvements were needed to the storage of paper records. Patient information was handled confidentially.

The Dentist Wilmslow

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 took place on 24 January 2017 and was led by a CQC Inspector assisted by a second CQC Inspector.

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

We informed the NHS England Cheshire and Merseyside area team that we were inspecting the practice; however we did not receive any information of concern from them.

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

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider had procedures in place to report, record, analyse, and learn from significant events and incidents. Staff described examples of significant events which had occurred. We saw these had been reported and analysed in order to learn from them, and improvements had been put in place to prevent re-occurrence.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

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

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

The practice did not consistently receive safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. Staff were able to discuss some examples of recent alerts with us. The provider assured us a system to receive and act on safety alerts would be implemented.

Reliable safety systems and processes (including safeguarding)

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

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had a policy for safeguarding children and vulnerable adults. The principal dentist had the lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed in the treatment rooms. We were unable to identify whether two of the four staff had been trained to an appropriate level in safeguarding. Staff were aware of how to identify abuse and follow up on concerns.

The dentist was assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the dentist at subsequent visits. The dental care records we looked at were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, and what was due to be carried out.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, we reviewed the provider's protocols for root canal treatment. We checked whether the dentist used dental dam routinely to protect the patient's airway during root canal treatment. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. The dentist told us that a dental dam was routinely used in root canal treatments.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and life support as a team and this was updated annually. The provider did not have arrangements in place for staff to practice together regularly as a team in simulated emergency situations but staff described to us how they would respond to a variety of medical emergencies. One of the staff was also trained in the provision of first aid.

The practice had emergency medicines and equipment available; however two items of equipment were not available, and one emergency medicine was not available, in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team.

Are services safe?

(An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We saw records to show that the emergency medicines and equipment were checked monthly. The provider assured us weekly checks would be put in place for emergency equipment to ensure correct functioning as recommended by current guidelines.

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

Staff recruitment

The practice had a recruitment policy and associated procedures in place which reflected the requirements of current legislation. The provider maintained recruitment records for each member of staff. We reviewed the record for the newest member of staff and saw all the required information was present. We also reviewed a number of records for longer term staff and saw these contained, where relevant, evidence of the following; qualifications, registration with their professional body, the General Dental Council, indemnity insurance, and evidence that Disclosure and Barring checks had been carried out.

Staff recruitment and employment records were stored securely to prevent unauthorised access. We saw that pre-employment checks were also carried out for locum staff.

The practice had a comprehensive induction programme in place for new staff to familiarise them with practice policies and procedures, for example health and safety and patient confidentiality requirements. The most recently recruited member of staff confirmed an induction had taken place and described what was included in it.

Monitoring health and safety and responding to risks

The provider had some systems in place to assess, monitor, and mitigate risks, with a view to keeping patients and staff safe but these required reviewing to ensure all risks had been assessed.

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

We reviewed the practice's control of substances hazardous to health risk assessment. Staff maintained records of products used at the practice, for example dental materials and cleaning products, and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

The provider had risk assessed and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place, but this had not been documented. Staff were aware of the practice's policy as to the responsibility for the dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. No risk assessment was in place in relation to assessing and mitigating the risk to staff working in a clinical environment where the effectiveness of the Hepatitis B vaccination is inadequate. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. The evacuation procedure to be followed in the event of a fire was displayed and staff were familiar with it.

Infection control

Are services safe?

The practice had an overarching infection prevention and control policy in place, underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room for staff to refer to.

One member of staff had a lead role for infection prevention and control and provided guidance to staff where required.

Staff undertook infection prevention and control audits annually. Actions were identified in the audits, and we saw that actions resulting from auditing had been carried out. The provider assured us these would be done every six months going forward.

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

We observed the decontamination process and found it to be in largely in accordance with the Department of Health's guidance, Health Technical Memorandum 01-05 Decontamination in primary care dental practices, (HTM 01-05).

The practice had a dedicated decontamination room which was accessible to staff only. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed containers to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging, and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process.

We observed that instruments were stored in the treatment room. We looked at the stored instruments and found that they were stored in accordance with the recommendations of the Department of Health.

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

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

The provider had had a recent Legionella risk assessment carried out in 2016 to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The provider reviewed the assessment regularly. Actions to reduce the likelihood of Legionella developing were identified in the assessment, for example, checks on water temperatures. The provider had been carrying these out but inconsistently. The provider assured us these would be re-commenced immediately. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

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

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. Cleaning of all areas of the practice was the responsibility of the staff. We observed that the practice was clean, and the treatment room and the decontamination room were clean and uncluttered. The practice followed current HTM 01 05 guidance on cleaning. Cleaning equipment was stored appropriately.

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

Equipment and medicines

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

Staff showed us the recording system for the prescribing, storage, and stock control of medicines.

We saw contracts for the maintenance of equipment, and recent test certificates for the

Are services safe?

decontamination equipment, the air compressor and the X-ray machine. The manager maintained a master schedule detailing all dates for testing of the equipment. The practice carried out regular portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

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

The practice offered intra-venous sedation for patients who were nervous about having dental treatment, or who required complex dental work. The sedation was provided by a visiting sedationist. We found that the practice had put into place systems and processes in relation to the safe provision of sedation.

The practice was adhering to the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003, and was working towards meeting the guidance published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

Radiography (X-rays)

We saw that the provider was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000, (IRMER), current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We did not see evidence that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises; however the provider assured us this would be addressed.

We saw a critical examination pack for the X-ray machine. Routine testing and servicing of the X-ray machine had been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with GDC recommendations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

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

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

Health promotion and prevention

We saw that staff adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist gave tailored preventive dental advice, and information on diet, and lifestyle to patients in order to improve their health outcomes. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

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

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

The provider carried out staff appraisals regularly. We noted the appraisals were a two way process. Staff confirmed appraisals were used to identify training needs.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. Registration requires dental professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. The provider used a variety of training methods to deliver training to staff, for example, lunch and learn sessions, external courses, and online learning. The practice had a training plan in place which outlined details of training for staff. This included the General Dental Council core topics, health and safety, and a variety of generic and role specific topics. Checks to ensure dental professionals were up to date with their CPD were carried out by the provider. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

The provider had reviewed staff training requirements for the provision of conscious sedation. The provider was adhering to the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003, and was working towards meeting the guidance published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

Working with other services

We reviewed the practice's arrangements for referrals. The dentist was aware of their own competencies and knew when to refer patients requiring treatment outwith their

Are services effective?

(for example, treatment is effective)

competencies. The dentist referred patients to a variety of secondary care and specialist options as appropriate. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines. Referral outcome letters were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

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

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

Treatment costs were displayed in the waiting room along with information on dental treatments to assist patients with treatment choices.

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

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

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff had a good understanding of the principles and application of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The practice was well maintained and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained to a high standard.

We saw that the dentist tailored appointment lengths to patients' individual needs and patients could choose from morning, evening and Saturday appointments.

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

We saw that the provider gathered the views of patients when planning and delivering the service via regular comprehensive patient surveys.

Tackling inequity and promoting equality

The provider had carried out a Disability Discrimination Act audit, and had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English. and recommendations of the audit report as far as practicable had been implemented

The practice was accessible to people with disabilities, mobility difficulties, and to wheelchair users. Parking was

available outside the premises and in car parks nearby. Staff provided assistance should patients require it. The waiting room, reception, and the treatment room, were situated on the ground floor.

Toilet facilities were situated on the ground floor and were accessible to people with disabilities, impaired mobility, and to wheelchair users.

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

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

Access to the service

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

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room and outlined in the practice leaflet and on the practice website. Details as to further steps people could take should they be dissatisfied with the practice's response to their complaint were not included; however these could be requested from reception. We saw that complaints were promptly and thoroughly investigated and responded to. 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.

Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found these were operating effectively.

The provider had implemented a range of policies and procedures to guide staff in the performance of their duties.

The provider had arrangements in place to ensure most risks were identified and managed and had put measures in place to mitigate risks. We saw that risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback, carrying out audits, beyond the mandatory audits for infection control and X-rays, and the analysis of complaints. We saw that these arrangements were working well.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and electronically. Paper records were stored on open shelves in a staff restricted area. The provider assured us the security of these would be addressed. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

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

The practice held staff meetings every month. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding. Staff told us that as it was a small practice issues were discussed and resolved as they arose.

The practice was managed by the provider and a practice manager, and some staff had lead roles. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities. Staff were aware of their own competencies, skills, and abilities.

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

The provider displayed feedback from patients on the practice's website to share information about the quality and safety of the service.

Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in service delivery. We saw that the audit process was functioning well. Audits we reviewed included equipment testing, X-rays, infection prevention and control, and health and safety. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out and re-auditing used to measure improvement.

The provider gathered information on the quality of care from a range of sources, including patient surveys and social media and used this to evaluate and improve the service. Staff told us that patients were always able to provide verbal feedback, and this was captured and analysed by the practice.

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

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

We saw that people who used the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, and carried out regular patient surveys, and looked at the results to identify areas for improvement.

The provider made the practice's own survey forms available in the waiting room for patients to provide feedback. We saw that the provider acted on patient feedback.

Are services well-led?

Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.