Lincoln Smile Centre Limited

Lincoln Smile Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 March 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

Lincoln Smile Centre is a private dental practice situated in Lincoln. The practice is in a building that has been adapted for the purpose of dentistry and is situated over three floors. The top floor is staff access only. On the ground floor there are two treatment rooms, reception desk with a waiting area, small office area at the back of the reception, a laboratory, x-ray room and a patient toilet. The first floor has two treatment rooms, a decontamination room, a store room, an office and staff toilet. The waiting area has chairs with arm rests to enable ease of use for those with limited mobility. There is also a hot drinks machine, a television and a selection of reading material for the use of patients. The building is accessed from the street and cannot be accessed by wheelchairs as the practice has eight steps leading up to the entrance and there is no alternative entrance and it is impossible to fit a ramp because of the gradient as the practice had made enquiries into this

The practice consists of two dentists, two dental hygienists and seven qualified dental nurses (three of whom have extra responsibilities including receptionist, treatment coordinator and practice manager).

The practice manager is the registered manager of the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered dentists, they are 'registered

Summary of findings

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 provides private dental treatment to adults and children. The practice is open Monday to Thursday from 8am to 5pm, Friday 8am to 4.30pm. The practice closes for lunch from 1pm to 2pm other than Friday when it closes 1pm to 1.30pm.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 51 patients about the services provided. The feedback reflected wholly positive comments about the staff and the services provided. Many of the comments reflected that the practice was clean and tidy. Comments said that they found staff to be professional and caring. They said that the practice offered a welcoming and professional service and they had high confidence in the team. They said that staff were polite, helpful and kind. Patients said that explanations about their treatment were clear. Much of the feedback related to patients that were anxious or nervous and they commented how they were made to feel at ease and that they were able to ask any questions and were given time to make decisions.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Policies and procedures at the practice were kept under review.
- Dentists involved patients in discussions about the care and treatment on offer at the practice. Patient recall intervals were in line with National Institute for Health and Care Excellence (NICE) guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Patients were treated with dignity, respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and policies and procedures were in place to provide and manage the service.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- All staff were clear of their roles and responsibilities.
- There was a process in place for reporting and learning from significant events and accidents.
- Conscious sedation was delivered safely in accordance with current guidelines.
- All staff had been trained in medical emergencies.
- The practice had all the necessary equipment to deal with medical emergencies other than portable suction and an automated blood glucose monitoring device. The portable suction was ordered following the inspection.
- The practice did not have a business continuity plan at the time of inspection however this was completed shortly after.

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

- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review dental chair upholstery and surgery flooring in the treatment room and complete risk assessment in relation to infection prevention and control.

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents, and incidents.

Staff had received training in safeguarding vulnerable adults and children. Staff were able to describe the signs of abuse and were aware of the external reporting process and who was the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments. The practice had carried out infection control audits six monthly in line with national guidance.

Are services effective?

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

Explanations were given to patients in a way they understood; risks, benefits and options available to them were discussed.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer. A log of referrals was maintained to ensure referrals were completed and could be monitored.

When providing conscious sedation the practice followed a robust procedure which included a thorough pre-sedation assessment and effective monitoring before, during and after the procedure.

Most of the staff had received training in the Mental Capacity Act (MCA) 2005 and all that we spoke with were able to explain to us how the MCA principles applied to their roles. The dentists and staff were aware of the assessment of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patient's feedback told us that explanations and advice relating to treatments were clearly explained, options were given and that they were able to ask any questions that they had. Nervous patients said that they were made to feel at ease.

Patients with urgent dental needs or pain would be responded to in a timely manner with patients of this practice been seen within 24 hours were necessary.

Are services responsive to people's needs?

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

Summary of findings

The practice was well equipped. The waiting areas had music playing to help maintain confidentiality and provide a relaxed atmosphere. Appointments were held for patients in the ground floor treatment room if they were unable to use the stairs. Staff would assist patients on arrival if required as the practice had eight steps up to the main entrance. The practice was not accessible for people that used a wheelchair or those patients with limited mobility. Patients would be directed to a local practice with facilities in place. The practice had enquired about a ramp however they had been told that this would not be able to be fitted due to the gradient.

The practice surveyed patients and there was a suggestion box so that patients could easily feedback any comments or suggestions.

Are services well-led?

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

Staff were involved in leading the practice to deliver effective care.

Staff were supported to maintain their professional development and skills. Appraisals had taken place on an annual basis and there were personal development plans in place for staff which identified areas for development and training needs.

We saw that practice meetings were regular and that these were minuted.

Lincoln Smile Centre

Detailed findings

Background to this inspection

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

The inspection took place on 17 March 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the practice manager, dentists, dental nurses and reception staff and reviewed policies, procedures and other documents. We reviewed 50 comment cards that we had left prior to the inspection for patients to complete; about the services provided at the practice and spoke with one patient on the day of 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 procedures in place to investigate, respond to and learn from accidents and complaints. There was a process in place for reporting and learning from significant events and accidents. There were forms available for staff to complete which included actions to prevent reoccurrence and learning.

There was an accident book where staff would record accidents such as needle stick injuries. There had been accidents reported, the last in 2015 which was a needlestick injury. The incident had been investigated and appropriate steps had been taken. Following this incident the practice had changed to using safety plus sharps, this was to reduce the risk of needlestick injury. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the practice manager if anything did occur. The practice had a no blame culture and policies were in place to support this.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice following the inspection have put a list of contact numbers for safeguarding at reception as well as in the policy folder. From records viewed we saw that staff at the practice had completed training in safeguarding adults and children applicable to their roles. The dentists were the leads for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy which gave information on how to raise concerns. The details in the policy gave staff details of organisations that they could contact. Staff we spoke with where clear on different organisations they could raise concerns with for example, the General Dental Council or the Care Quality Commission if they were not able to go directly to the provider. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

We spoke to the dentists about root canal treatment and we were told that it was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

The practice had an up to date employer's liability insurance certificate which was due for renewal May 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

Medical emergencies

There were suitable arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), which is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice except portable suction and an automated blood glucose monitoring device. We spoke to the practice manager and the dentists and the portable suction was ordered following the inspection. We saw that the expiry dates of the emergency medicines were monitored by the practice using a monthly check sheet. We were told that the equipment including the oxygen and AED were also checked daily and there were records to confirm this. The practice had access to oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff had been trained annually in basic life support and the practice practiced setting up the oxygen monthly and also had scenario based training in house.

Staff recruitment

The clinical staff held current registration with the General Dental Council, the dental professionals' regulatory body.The practice had a recruitment policy which described the process when employing new staff. This

Are services safe?

included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service (DBS) check was necessary. 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.

The practice did not have DBS checks in place for all staff, there were some staff that had been employed for a number of years and therefore had not been part of this process. All new staff had a DBS in place as did the dentists. We discussed this with the practice manager and following the inspection the practice manager said that they had decided that all staff would have DBS checks and were in the process of applying for them for the existing staff that were without.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

The practice had an induction process for new staff which was documented within the staff files of staff that we reviewed.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies including a well-maintained Control of Substances Hazardous to Health (COSHH) file. The practice had carried out risk assessments including fire safety, health and safety and legionella.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. Water tests were being carried out on a monthly basis. This helped to ensure that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems.

Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested. Records showed that this was completed weekly. Fire equipment was checked by an external company and last checked in December 2015. The practice had six monthly fire drills.

Systems, policies and procedures were in place to manage risks at the practice. The practice did not have a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The practice manager said that they would make sure that this was actioned. Following the inspection the practice manager contacted us to say that the practice now had a business continuity plan in place.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The practice employed a contract cleaner who came in each day and was responsible for the general cleaning of the practice. The dental nurses were responsible for cleaning and infection control in the treatment rooms. There were schedules in place for what should be done and the frequency. The practice had systems for testing and auditing the infection control procedures with the last audit having taken place in January 2016 which included an action plan which showed actions been completed.

Two of the treatment rooms had a carpeted area and, as identified in an infection control audit the flooring in one room was damaged. This would make cleaning difficult and a risk assessment had not been completed in order to identify or mitigate associated risks. The chair in one of the treatment rooms was difficult to clean due to the style of the upholstery. At the inspection we discussed this with the partners and following the inspection we were sent an action plan which detailed refurbishment work to be completed over the next three years which included the treatment rooms and chair. The practice had put an interim solution in following the inspection and was using disposable covers on the chair concerned.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing effective hand washing techniques were displayed in the dental treatment rooms, decontamination room and toilets.

Are services safe?

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice used safety plus sharps which meant that the risk of needle stick injury was reduced. The practice used sharps bins (secure bins for the disposal of needles, blades or any other instruments that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored securely prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The decontamination room had dirty and clean zones in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. Instruments were processed in ultrasonic, rinsed and placed in autoclave. The dental nurses were inspecting the instruments with a light and magnification after the autoclave stage and not prior to this. In this process if any debris was found the instruments decontamination process was started again from the beginning. We spoke with the practice manager to suggest that the inspection of instruments should be before the instruments went into the autoclave. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the procedures. All the equipment had been regularly serviced and maintained in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly.

Employment files reflected staff Hepatitis B status. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing took place on all electrical equipment in October 2015 by a qualified electrician. This was completed annually.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance. We saw detailed logs of checks carried out.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date for use.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were located in the rooms where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. We saw certificates that showed maintenance for this equipment was completed at the recommended intervals. Risk assessments and radiation surveys had been conducted and we saw that recommendations that had resulted from these had been carried out.

We saw an X-ray audit had been carried out. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw training records that showed the qualified staff had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records. The practice had policies and procedures in place for assessing and treating patients. The provider carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The provider used National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed general patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. The dentists used photographs of the patients own teeth to help explain and show areas of concern. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice provided conscious sedation to help anxious patients who were undergoing surgical procedures. We saw that the process involved in providing conscious sedation was in line with those set out in the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). The dentist and dental nurses were trained to appropriate standards and engaged in regular update training.

Patients were assessed for suitability at a prior appointment during which they were advised of the risks and benefits of the proposed procedure. This allowed the patient time to consider and withdraw consent if they wished. The patient's physical status was assessed according to American Society of Anaesthesiologists (ASA) guidance. If it was one or two then the dentist felt this was appropriate to treat the patient in the surgery. If the ASA score was above two then the patient would be referred to secondary care which was in line with current guidance. The patient was provided with written information on the procedure, what to expect on the day, post sedation instructions and the need to have an escort after the procedure.

Sedation was achieved using the intravenous drug midazolam. The reversal agent flumazenil was readily available but as the sedationist used only the minimum quantity of midazolam to achieve the desired effect, it had not been required. The patient's vital signs were monitored throughout the procedure and emergency equipment and drugs were readily to hand. The sedation team were trained to a higher level of life support. Patient appointments were arranged to ensure that the patient had sufficient time to recover in the treatment room and before being discharged to the care of the escort. Written instructions were again given to the escort and patient with contact numbers should they have any concerns after leaving the practice. The sedation team had conducted audits to ensure the efficiency of the process and maintained detailed records and a reflection on each case.

Health promotion & prevention

The reception area at the practice contained literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that clinical staff had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice consisted of two dentists, two dental hygienists and seven qualified dental nurses (three of whom had extra responsibilities which included receptionist, treatment coordinator and practice manager). The Care Quality Commission comment cards that we viewed showed that patients had confidence and trust in the dental staff.

Are services effective?

(for example, treatment is effective)

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hour's staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e-learning. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures for appraising staff performance and we saw that this was done annually. Learning needs were identified and objectives were discussed. We observed a friendly atmosphere at the practice. Staff told us that the practice manager was supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice showed that referrals were made in a timely way. One of the staff was responsible for monitoring referrals. We saw examples of detailed and informative referrals to secondary care. Urgent referrals would be followed up with a telephone call to make sure it had been received.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw clear evidence that patients were presented with treatment options, and verbal consent was received and recorded. We saw that numerous photographs were used to help patients understand. There were detailed notes to show options, proposals, risks and benefits including percentage success rate and cost. The dentists were also aware of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Most staff had received Mental Capacity Act 2005 (MCA) training and all were fully conversant with the relevance to the dental practice. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The reception area was away from the waiting room which helped to maintain confidentiality. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients, and to maintain confidentiality a separate area could be used for personal discussions.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of, patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Staff were aware of the need to lock computers, store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 50 comment cards completed by patients about the services provided and spoke with one patient on the day of the inspection. The feedback reflected positive comments about the staff and the services provided. Many of the comments reflected that the practice was clean and tidy. Patients said that they found staff to be professional and caring; the practice offered a welcoming and professional service and they had high confidence in the team and that staff were polite, helpful and kind. Patients said that explanations about their treatment were clear. Much of the feedback related to patients that were anxious or nervous and they commented how they were made to feel at ease and that they were able to ask any questions and were given time to make decisions.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A leaflet detailing costs to private plans was displayed in the waiting area and details were also available on the practice web site. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice provided a range of services to meet patients' needs. It offered private treatment to children and adults.

There was good information for patients about the practice, available both in the waiting area and on the practice web site. This included details about the dental team, the services on offer, how to raise a complaint, and information for contacting the dentist in an emergency. There was clear information about costs on display in the waiting room.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. However a disability audit had not taken place looking at the access to the practice and assessing if any improvements could be made.

There were handrails to the steps for patient with limited mobility however the practice did not have a ramp therefore patients that used wheelchairs would not be able to access this practice. There were practices nearby that patients could be referred to. The practice had access to a translation service if necessary.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. We were shown that emergency slots were kept each day for those patients that were in pain who would be seen within 24 hours if necessary.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice opened Monday to Thursday from 8am to 5pm, Friday 8am to 4.30pm. The practice closed for lunch from 1pm to 2pm other than Friday when it closed 1pm to 1.30pm. The practice worked alongside three other practices in the area. Each week one dentist would provide on call cover. We saw a rota system that showed which dentist was on call for each week of 2016.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The policy also recorded contact details such as the General Dental Council and the Dental Complaints Service. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. A copy of the complaints policy was on display in the reception area.

The practice had not received any complaints in the past 12 months. Staff spoken with were knowledgeable about how to handle a complaint. We were told that wherever possible, verbal complaints would be dealt with at the time they were received. The complaints process involved an initial apology, discussion with patient, investigation and feedback to the patient. Learning outcomes would be discussed with staff at a practice meeting.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. The practice manager had organised folders which included a sheet to say that staff had read and understood the policies and also that the policies had been reviewed annually. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

The staff we spoke with described a close team and a transparent culture which encouraged candour, openness and honesty. The culture of the practice was open and supportive. Staff told us that they were confident to raise issues or concerns and felt that they were listened to and issues were acted upon appropriately. Staff said that the practice manager and dentists were approachable and supportive.

Formal practice meetings were held monthly. Minutes of these meetings were kept and we saw from previous months that items discussed included incidents, staff changes and training. The office at the back of reception also had a copy of the most recent staff meeting minutes. Staff told us they enjoyed their work and were well supported. The practice manager following the inspection had put together a list of standing agenda items that would be discussed at each meeting.

The practice manager was the lead for the practice. We found staff to be hard working, caring and committed to the work they did. Staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. CPD and training needs were discussed during annual appraisal meetings and support was offered if required. Staff confirmed that they were encouraged to undertake training.

We found that clinical and non-clinical audits were taking place at the practice including infection control, record keeping and X-ray quality. We saw that results from audits were analysed and commented on and if necessary actions would be implemented.

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

Staff told us that patients could give feedback at any time they visited. The practice had a suggestion box in the waiting area. The practice undertook its own patient survey. Satisfaction surveys were handed out to patients and the results collated and reviewed. We looked at some surveys which had recently been completed. Satisfaction surveys that we saw recorded positive comments. The results had recently been collated and were to be discussed at the next practice meeting.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed at the practice meeting.

Staff told us they felt valued and were proud to be part of the team.