

Bute House Dental Surgery

Bute House Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 May 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Bute House Dental Surgery is a dental practice providing mostly NHS dental treatment, with private treatment options for patients. The practice is located in premises close to Deal town centre. There is roadside parking in the area.

The practice has four treatment rooms, two of which are on the ground floor.

The practice provides dental services to both adults and children. The practice provides mostly NHS treatment (85%). Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment. Patients also have the option of private treatment options such as implants and cosmetic dentistry.

The practice's opening hours are – Monday to Friday 8.30am to 5.30pm and Saturday 8am to 3pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the local Dentaline service.

The principal dentist/owner is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'.
Registered

Summary of findings

persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has seven dentists; four qualified dental nurses three receptionists, one trainee dental nurse and a practice manager.

We did not provide CQC comment cards on this occasion as the inspection was unannounced. We did speak with patients and review feedback that practice had received through the NHS Friends and family test (FFT).

Our key findings were:

- The practice was visibly clean and tidy.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients at the practice gave mostly positive feedback about their experiences at the practice.
- Patients at the practice gave mostly positive feedback about their experiences at the practice however some patients said they were not always treated with dignity and respect.
- The practice was well equipped.
- Dentists identified the different treatment options, and discussed these with patients.
- Patients' confidentiality was maintained.
- 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 sterilising dental instruments. Apart from consistent use of the illuminated magnifying glass to ensure that all instruments were free of debris and undamaged.

- 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 its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and consider installing a hearing induction loop at the premises. This would assist patients who used a hearing loop to hear whilst in the practice.
- Review the use of the illuminated magnifying glass when processing instruments giving due regard to HTM 01-05 for its consistent use.
- Review the process following sterilisation and ensure that all pouches used to store instruments are dated.
- Arrange for HSE notification to be obtained and then included in the radiation protection file
- Review the practices processes for appraisal of staff and the identification of training needs
- Review staff training in relation to the Mental Capacity Act 2005
- Create a whistleblowing policy to guide staff should they wish to raise a concern regarding a colleagues performance
- Review the processes for sharing information with staff to ensure all staff receive information and feedback in a timely way

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.

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. However, DBs checks were not robust.

The practice was visibly clean and tidy and there were infection control procedures to ensure that patients were protected from potential risks. The infection control procedures followed the Department of Health guidance HTM 01-05 with the exception of use of the illuminated magnification device and dates for expiry on pouched instruments.

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 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, wisdom tooth removal and the non-prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice made referrals to other dental professionals when it was appropriate to do so. There were clear procedures for making referrals in a timely manner.

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.

Patients said staff were not always friendly, polite or professional. Feedback from patients identified that they felt they were not always treated with dignity and respect by the reception staff.

No action



Summary of findings

Patients said they received good dental treatment and they were involved in discussions about their dental care.

Patients said they were 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 said they were not always able to get an appointment. However, patients who were in pain or in need of urgent treatment would be seen the same day.

The practice had access for patients with restricted mobility via a ramp which would be used to help patients access a small flight of stairs. Some patient areas were located on the ground floor. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility

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

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.

There was a clear management structure at the practice. 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 was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

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

No action



Bute House Dental Surgery

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 unannounced, comprehensive inspection on 26 May 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

We did not request any information from the practice before the inspection as we conducted an unannounced inspection as we had received information of concern with regard to a lack of empathy for patients and rude and unhelpful staff.

We also reviewed the information we held about the practice and asked NHS England and Healthwatch for

information. NHS England responded to us on 28th February 2016 with information they had received with regard to a lack of empathy for patients and incorrect treatment being carried out.

We reviewed policies, procedures and other documents. We received feedback from 5 patients about the dental services they had received.

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 recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in June 2015 this being a minor injury to a member of staff. The records showed the staff had taken appropriate action to ensure this accident was dealt with appropriately. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC).

Staff said there had been no RIDDOR notifications made although the practice was aware of how to make these on-line.

Records at the practice showed there had been three significant events in the 12 months up to the inspection visit. The last recorded significant event, which occurred in June 2015 related to an issue with very hot water draining from the autoclaves and a risk of scalding. Staff when questioned were able to tell us about the incident and what measures had been introduced to reduce the risk of it happening again.

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 electronically by the practice manager who shared them with staff when appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding vulnerable adults and children. The policies had been reviewed in July 2015. We noted that the contact numbers for the local area team were not current. Staff quickly obtained the correct details and amended all of the safeguarding documents. In addition there was a copy of the Kent multi-agency

safeguarding procedures, and a link stored on the desktop of each of the practice computers which contained all of the local area teams and their contact details. The policies directed staff in how to respond to and escalate any safeguarding concerns. We spoke with staff who were aware of the safeguarding policies, they knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The relevant contact telephone numbers were on display in the waiting room and behind reception.

One of the dentists was the identified lead for safeguarding in the practice. They had received training to level two in child protection to support them in fulfilling that role. We saw evidence that all staff had attended a three yearly training course. In addition all staff had completed on-line refresher training in safeguarding during June 2016.

There were guidelines to guide staff in the use and handling of chemicals in the practice. The policy identified the risks associated with the Control of Substances Hazardous to Health (COSHH). There were risk assessments which identified the steps to take to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were available to staff in the COSHH file. We saw the COSHH file had been audited on an annual basis.

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

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in March 2015. 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. The principal dentist said that only dentists handled sharp instruments such as needles.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk

Are services safe?

of injury through cutting or pricking.) We saw the sharps bins were located in accordance with the guidance which states sharps bins should not be located on the floor, and should be out of reach of small children.

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society recommend that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw the practice had a supply of rubber dam kits in the practice.

Medical emergencies

The dental practice was equipped to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the emergency medicines and found they were all in date and stored appropriately. We saw the practice had a designated member of staff who was responsible for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. Two members of staff had completed first aid at work courses which were in date. 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. Records showed the AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines. During our assessment of the AED we noted that the child pads had expired. We brought this to the attention of the practice manager who was able to produce a new set of pads and disposed of the expired set before we left.

All staff except three non-clinical members at the practice had completed basic life support and resuscitation training on 8 October 2015. Additional emergency equipment available at the practice included: airways to support breathing, manual resuscitation equipment (a bag valve mask) and portable suction.

Staff recruitment

There was a recruitment policy which had been reviewed in October 2015. We looked at the staff recruitment files for eighteen staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: 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 all members of staff had received a DBS check. However we found that the majority of these were from a previous employer and over six months old. We discussed the records that should be held in the recruitment files with the practice manager and practice owner who assured us that all staff will be subject to a new DBS check immediately.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in June 2015. In addition the practice had completed environmental risk assessments. For example there were risk assessments for: the autoclave, manual handling, electrical safety, bodily fluids, blood borne infections and radiation (X-rays).

Records showed that the fire extinguishers had last been serviced in October 2015. The practice had completed a fire evacuation drill on 19 April 2016. A fire risk assessment had been carried out in June 2015 by an external company.

The practice had a health and safety law poster on display in the staff room. 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. A health and safety risk assessment had been conducted on June 2015 by an external company.

Are services safe?

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 July 2015. The policy was readily available to all staff working in the practice. We saw that 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 and there were records and documentation to demonstrate this.

Records showed that regular six monthly infection control audits had been completed. The most recent audit had been completed in October 2015. We saw that infection control audits were as recommended by HTM 01-05, being completed on a six monthly basis.

The practice had a clinical waste contract with a recognised company. We saw that clinical waste was collected regularly. The waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam and teeth that had been removed. Amalgam is a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury. There were also spillage kits for bodily fluids which were in date.

There was a decontamination room where dental instruments were cleaned and sterilised. There was a clear flow from dirty to clean areas to reduce the risk of cross contamination and infection. 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.

We saw how instruments were being cleaned and sterilised at the practice, with a dental nurse demonstrating the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05) except for checking the instruments following a cycle in the ultrasonic bath.

The practice had an ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. After cleaning the dental instruments were rinsed but did not always examine instruments using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). The practice had two autoclaves, which were designed to sterilise instruments. At the completion of the sterilising process, all instruments were dried, and stored in pouches. However we found that many of the pouches had not been date stamped. We brought this to the attention of the practice owner who addressed this immediately. Following our inspection the practice sent us a declaration that all instrument pouches are date stamped following sterilisation.

We checked the records to demonstrate that equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. The records demonstrated the equipment was in good working order and being effectively maintained.

We used an illuminated magnifying glass to check a random sample of dental instruments that had been cleaned and sterilised. We found the instruments to be clean and undamaged. However whilst observing the decontamination process we noted that staff did not routinely inspect instruments using the illuminated magnifying glass to ensure that they were clean and undamaged.

The practice had access to occupational health facilities through the local hospital. We saw records which demonstrated staff had received inoculations against Hepatitis B. 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 such as Hepatitis B.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been reviewed in April 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had identified actions, such as, regular monitoring of hot and cold water temperatures at each water outlet. We looked at the records for temperature monitoring as saw that all cold outlets were below 150c

Are services safe?

and all hot water was above 50°C as recommended. 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 had been maintained and serviced in line with the manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in August 2015.

The practice had all of the medicines needed for an emergency situation, as recommended by the British National Formulary (BNF). Medicines were stored securely and appropriately and there were sufficient stocks available for use.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

The pressure vessel checks on the compressor which produced the compressed air for the dental drills and hand pieces had been completed on 16 June 2015. There was an annual gas safety certificate dated 19 August 2015. We saw the fire alarm had been serviced in June 2015.

Radiography (X-rays)

The practice had a Radiation Protection file which contained all of the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had three intraoral X-ray machines (intraoral X-rays are small images taken inside the mouth).

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.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal 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 expert advice regarding the machinery and radiation safety. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS to be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and only by qualified staff. The RPS must be somebody who has a radiography qualification and is on the premises whilst X-rays are being conducted. The RPS has oversight of radiation safety in the practice.

Records showed the X-ray equipment had last been inspected in October 2015. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years to ensure it is safe and working correctly. Documents in the practice showed the Health and Safety Executive (HSE) had not been informed that radiographs were being taken on the premises. This was a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000. We asked the practice owner to arrange for this to be obtained and added to the radiation protection file.

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 recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic and paper dental care records for each patient. They contained information about the patients' assessments, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental professionals. The dental care records showed a thorough examination had been completed, and identified risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form at each visit. Following the patient's first visit the information was transferred into the electronic records and updated at each following visit. This allowed dentists to check the patient's medical history before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient might be pregnant or had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists 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 dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of the timescales for recalling 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 a variety of information for patients in the waiting room. There were leaflets in reception and posters about treatments and giving health education information to patients.

Discussions with dentists identified that children were assessed on an individual basis to check their risk of dental decay. This resulted in children being offered fluoride application varnish and fluoride toothpaste 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 had been produced to support dental teams in improving patients' oral and general health.

We saw examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, dentists had particularly highlighted the risk of dental disease and oral cancer.

Information on display in the reception area gave patients information and advice on stopping smoking. This included contact details for other agencies who could be of assistance.

Staffing

The practice had six dentists; four qualified dental nurses, one trainee dental nurse, three receptionists and a practice manager who also works at another practice which is owned by the principal dentist. 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 held in staff files and these identified that clinical staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training certificates showed how many hours training staff had undertaken together with which training courses were attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. The practice manager kept records to monitor the number of hours each dental professional had completed each year. Examples of training completed included: radiography (X-rays), infection control, and medical emergencies, although three members of staff had not undertaken recent medical emergency training.

Records at the practice showed that no appraisals had been completed for any staff. We discussed this with the practice owner and practice manager who showed us how they had developed an appraisal system which they were due to implement.

Working with other services

The practice made referrals to other dental professionals based on risks or if a patient required treatment that was not offered at the practice. The practice had a policy for

Are services effective?

(for example, treatment is effective)

making referrals to other services which had been reviewed in June 2015. The policy identified when and how to make referrals and had a section on making urgent referrals for patients who had suspected oral cancer. This was to the maxillofacial department at the local hospital. Staff demonstrated these were faxed through immediately to the hospital where the referral had been made. These referrals were tracked through a log at reception, and we saw evidence that referrals had been made promptly. Patients were given details of any referral made on their behalf.

Consent to care and treatment

The practice had a consent policy which had been reviewed in July 2015. The policy made reference to the different aspects of consent. The practice also had a policy regarding adults who lacked capacity and this made

reference to the Mental Capacity Act 2005 (MCA) and best interest decisions. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. None of the staff at the practice had completed training in the MCA. However, staff could, when questioned describe how the MCA would affect their work and patients and how they would implement it.

Consent was recorded in the practice using the standard NHS FP17 form. This form recorded both consent and provided a treatment plan. The dentists discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent. A hard copy of the consent form was retained by both the practice and the patient.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The reception desk was located in the waiting room. Staff said they were aware of the need for confidentiality and if it were necessary there were areas of the practice where private discussions could be carried out, such as the manager's office or an unused treatment room. Staff said that patients' individual treatment was discussed in the treatment room not at reception.

Patients said staff were not always friendly, polite or professional. Feedback from patients identified that they felt they were not always treated with dignity and respect by the reception staff.

We observed staff members throughout the day to see how staff spoke with patients. We saw that staff were mostly professional, polite, and welcoming. However, we observed that some staff when speaking with patients were abrupt and condescending. We brought this to the attention of the practice owner, who said that they would deal with this immediately.

We saw that patient confidentiality was maintained at the practice. We asked two patients about confidentiality. Neither patient had any concerns about their confidentiality being breached. Computer screens could not be overlooked by patients standing at the reception desk. We saw that patients' dental care records were password protected and held securely

Involvement in decisions about care and treatment

We spoke with five patients in the practice on the day of our inspection. Feedback from patients was positive with patients saying they were happy with the dental service they received. Patients spoke positively about most of the staff and said the facilities were clean and comfortable. Patients said in person they felt involved in their treatment. Patients said they were encouraged to ask questions and talk with staff about their treatment.

The practice offered mostly NHS treatments (85%) and the costs were clearly displayed in leaflets and posters in the practice.

We spoke with two dentists about how each patient had their diagnosis and dental treatment discussed with them. We saw evidence in the patient care records of how the treatment options and costs were explained and recorded before treatment started. All patients were given a written copy of the treatment plan which included the costs.

Where it was necessary dentists gave patients information about preventing dental decay and gum disease. We saw examples in patients' dental care records. Dentists had discussed the risks associated with smoking and diet, and this was recorded in patients' dental care records. The practice had a member of staff trained to deliver smoking cessation advice and posters in the waiting room gave additional information.

Patients' follow-up appointments were in line with National Institute for Health and Care Excellence (NICE) guidelines

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was street parking available in close proximity to the practice. The practice had four treatment rooms, one of which was on the ground floor.

The practice had separate staff and patient areas, to assist with confidentiality and security. We saw there was a sufficient supply of instruments to meet the needs of the practice.

We spoke with five patients during the inspection. Two patients said they had not had a problem getting an appointment, however, three said they had experienced issues with obtaining a routine appointment. Patients also said they found reception staff were not always helpful, friendly or approachable. Staff said that when patients were in pain or where treatment was urgent the practice had made efforts to see the patient the same day.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The practice scheduled emergency slots for patients who were in pain or who required urgent treatment. In addition there was a sit and wait system for patients who were unable to get an emergency appointment but who were in pain or who required emergency treatment. Staff said that generally the practice ran to time, and waiting times were kept to a minimum.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in April 2016.

The practice was over three floors with patient areas on each floor. This included four treatment rooms. The practice had a removable ramp which would allow patients using wheelchair or with restricted mobility to access treatment at the practice.

The practice had a ground floor toilet adapted for the use of patients with mobility problems. The toilet had support bars, grab handles and an emergency pull cord. Taps on the hand wash sink were lever operated.

The practice had completed an access audit in line with the Equality Act (2010) which had been reviewed in June 2015. This identified the practice was compliant with legislation relating to access in the Equality Act. However, the practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act required where reasonably possible hearing loops to be installed in public spaces, such as dental practices.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Staff said the practice had used interpreters in the past, but this was not a common occurrence.

Access to the service

The practice's opening hours were: Monday, Thursday and Friday: 8am to 5pm. Tuesday and Wednesday 8am to 7pm and Saturday 8am to 1pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service.

Concerns & complaints

The practice had a complaints procedure. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction. Information about how to complain was on display in the practice leaflet.

From information received before the inspection we saw that there had been seven complaints received in the 12 months prior to our inspection. There was a theme which related to patients "being blocked" and unable to make an appointment. There was no analysis or actions identified to address these complaints. We brought this to the attention of the practice owner who said that they would be looked at and addressed.

Are services well-led?

Our findings

Governance arrangements

The practice manager identified that all policies were updated on a regular basis. We saw a number of policies and procedures at the practice and saw they had mostly been reviewed and where relevant updated in the year before this inspection visit.

We spoke with staff who said they understood their roles and could speak with either a dentist or the practice manager if they had any concerns. Staff said they understood the management structure at the practice. We spoke with two members of staff who said the practice was a good place to work and they felt supported as part of the team.

We looked at a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment

Leadership, openness and transparency

Bute House Dental Surgery had a practice manager in post who managed the practice remotely from another practice owned by the principal dentist. Staff told us that the practice manager was easy to contact either by telephone or email and always responded promptly when contacted.

The practice had not conducted any staff meetings and told us that this was something that was difficult as not all staff were present each day. We were told that they were looking at different ways of sharing information so that communication at the practice was more consistent and inclusive.

Staff at the practice said there was a close team and they were able to express their views during daily chats. Staff said dentists were approachable and were available to discuss any concerns.

Discussions with different members of staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

Copies of the General Dental Council's nine principles were displayed in the waiting room. This gave patients an insight into the standards they could expect from their dental practice.

The practice did not have a whistleblowing policy. Although staff could demonstrate what they would do if they felt that they needed to raise any concerns if they had any issues with a colleagues' conduct or clinical practice. They told us how they would do this was both internally and with identified external agencies.

Learning and improvement

We saw that the practice was carrying out a schedule of audits throughout the year. Records showed that audits had been completed over several years demonstrating a commitment to improvement. Regular auditing allowed the practice to identify both areas for improvement, and where quality had been achieved. This was particularly in respect of the clinical areas. Examples of completed audits included: a radiography (X-rays) audit June 2015; a record keeping audit in July 2015. For each completed audit there was a summary sheet which identified the strengths and weaknesses. Therefore staff were able to analyse what improvements were required.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). 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 did not carry out any patient satisfaction surveys but were planning on starting one shortly. We looked at the format for the new survey and saw that it covered appointments, waiting times, information given and comfort at the practice. It also gave the opportunity for patients to suggest improvements.

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