Vilimaitis and Vilimaitiene

Family Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 June 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

Family Dental Practice is situated in Shipston-on-Stour and mainly provides NHS dental treatment. Private treatment is available if patients request this. The practice has two dentists, two dental nurses and one trainee dental nurse. The clinical team are supported by two reception staff.

The two dentists are in partnership as the owners and registered providers. One of the partners 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.

The practice has two dental treatment rooms. The practice is in the process of setting up a separate decontamination room for the cleaning, sterilising and packing of dental instruments. In the meantime staff carry out these processes in the treatment rooms. There is level access from the front entrance into the reception, waiting room and one treatment room. Some patients with disabilities choose to use the rear entrance which has a step down but is closer to the adjacent car park. The patient toilet is has a grab rail for patients with physical disabilities but is not large enough for wheelchairs. There are two steps up to the other treatment room. The office and the staff areas are on the first floor of the building and are reached by an external staircase.

Summary of findings

The practice is open from 9am to 5pm Monday to Friday. Reception is staffed during the lunch hour so that patients can speak to someone if they call in or telephone during that time.

Before the inspection we sent Care Quality Commission comment cards to the practice so patients could tell us about their experience of the practice. We collected 27 completed cards and looked at the practice's own monthly patient survey results and the NHS Friends and Family test results for the last 12 months. These provided a consistently positive view of the practice and the care and treatment patients received. Patients described the whole practice team as caring, friendly, reassuring and efficient. Several patients commented on how well the dentists explained the treatment they needed and the effort they took to make sure they understood. The NHS Friends and Family test results showed that from a total of 408 responses, 316 patients said they were extremely likely to recommend the service and 80 were likely to recommend it.

Our key findings were:

- The practice was visibly clean and feedback confirmed this was patients' experience. The practice had systems to assess and manage infection prevention and control and were making improvements to the decontamination arrangements at the practice.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had clear processes for dealing with medical emergencies and for ensuring that dental equipment was regularly maintained.
- Dental care records provided clear and detailed information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development. The practice supported new staff and used a structured induction process.
- Patients were able to make routine and emergency appointments when needed.
- The practice used in-house surveys and the NHS Friends and Family test to obtain patients' views.
- Patients were positive about the service provided by the practice. They said this met their needs and that staff were reassuring, respectful and professional.
- The practice had established governance processes to help them manage the service. The partners were investing in the practice and were in the process of improving the physical environment and facilities.

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

- Review the storage of temperature sensitive dental care products and medicines to ensure they are stored in line with the manufacturer's guidance and the refrigerator temperature is monitored and recorded.
- Review the ease with which staff can access Glucagon, a medicine for patients needing urgent first aid for seriously lowered blood sugar.
- Review the practice's protocols for the use of a rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review the practice's X-ray audits to ensure all of the expected aspects of radiography are included.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice was motivated to provide a safe service and had systems for managing this. These included policies and procedures for important aspects of health and safety such as infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and fire safety. Staff were knowledgeable about their responsibilities for safeguarding children and adults and took this seriously. Contact information for local safeguarding professionals and relevant policies and procedures were readily available for staff to refer to if needed. The practice was in the process of setting up a new decontamination room, had installed new dental treatment chairs and were about to replace the flooring in the two treatment rooms.

Are services effective?

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

The practice provided personalised dental care and treatment. The dental care records we looked at provided clear and detailed information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration. The information we gathered confirmed that the care and treatment provided reflected published guidance although one dentist did not always use a rubber dam for root canal treatment in line with national guidance. Staff understood the importance of obtaining informed consent. The dentists were aware of the importance of taking the Mental Capacity Act 2005 into account when considering whether patients were able to make their own decisions.

Are services caring?

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

We gathered patients' views from 27 completed Care Quality Commission comment cards and looked at the practice's own surveys and NHS Friends and Family test results for the last 12 months. These provided a consistently positive view of the practice and the care and treatment patients received. Patients described the whole practice team as caring, friendly, reassuring and efficient. Several patients commented on how well the dentists explained their treatment they needed and the effort they took to make sure they understood. The NHS Friends and Family test results showed that from a total of 408 responses, 316 patients said they were extremely likely to recommend the service and 80 were likely to recommend it.

Are services responsive to people's needs?

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

All the feedback we looked at from patients showed high levels of satisfaction with the practice and confirmed that they received a personalised service that met their needs.

The areas of the practice used by patients were mostly at ground level and the waiting room had sufficient space for patients using wheelchairs. One treatment room had two steps from the waiting room. The practice had acted on patient feedback and improved the steps and handrails to this treatment room. Staff told us that they booked appointments in the ground floor treatment room for patients unable to manage these steps. All the information we reviewed showed that patients could obtain routine treatment and urgent or emergency care when they needed and were satisfied with the time they waited for an appointment.

Summary of findings

Information was available for patients at the practice. The practice had a complaints procedure which was available for patients and they responded to complaints promptly in accordance with their policy and national guidance.

Are services well-led?

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

The practice had had arrangements for managing and monitoring the quality of the service. These included relevant policies, systems and processes which were available to all staff. The practice carried out audits which they followed up with action plans to help them monitor and improve the quality of the service provided. The partners were investing in the practice by making improvements to the physical environment, facilities and equipment.

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

The practice took the views of patients seriously and used their own surveys and the NHS Friends and Family test to obtain feedback.

Family Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 7 June 2016 by a CQC inspector and a dental specialist adviser. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with five members of the practice team including dentists, dental nurses and a receptionist. We looked around the premises including the treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 27 patients in comment cards provided by CQC before the inspection. We also saw the results of the practice's own surveys and the NHS Friends and Family test results for the last 12 months.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a significant event policy and recording forms for staff to use. The policy was detailed and included information about what should be recorded as a significant event. The list included positive events such as compliments and gifts as well as any adverse incidents. The practice had a significant event analysis form to help them review the incidents that had taken place each year to establish whether there was a pattern to these. We saw that when adverse incidents occurred the practice documented these, discussed them with staff and made any necessary changes.

There was an appropriate accident book and completed forms were stored so the confidentiality of anyone involved in an accident was protected.

The practice had clear and established records to show they received and reviewed national alerts about safety issues to check which were relevant to them and take action when needed. We saw that information was shared and discussed with the practice team at staff meetings. The registered manager told us they had not received any recently. This may have been due to a recent change in how these are distributed. They immediately subscribed to the government website so they would obtain immediate updates about alerts and recalls for medicines and medical devices direct.

The practice was aware of the legal requirement, the Duty of Candour, to tell patients when an adverse incident directly affected them. The registered manager intended to add this topic to the learning topics planned for the practice's monthly staff meetings.

Reliable safety systems and processes (including safeguarding)

All members of the practice team we spoke with were knowledgeable about how to recognise potential concerns about the safety and well-being of children, young people and adults whose circumstances might make them vulnerable. All of the practice team had completed suitable safeguarding training for their roles. The registered manager was booked to go on a further course in June 2016 at a more advanced level than required for dentists.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines. The contact details for the relevant safeguarding professionals in Warwickshire and Worcestershire were readily available for staff to refer to. Staff knew that the registered manager was the named safeguarding lead.

We confirmed that one of the dentists, the registered manager, used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society. The other dentist did not always use one. The registered manager said they would discuss this with their colleague and assured us that they would both follow the guidelines in future. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

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

Medical emergencies

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

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. One of the staff had delegated responsibility for the daily and weekly records of the emergency medicines and equipment to monitor that they were available, in date, and in working order. Staff knew where the emergency medicines and equipment were stored.

The practice had Glucagon available. This is a medicine for patients needing urgent first aid for seriously lowered blood sugar, particularly patients with diabetes. This was stored in a refrigerator in the staff area which was some distance from the treatment rooms and waiting room. We highlighted that this could result in a delay if it was needed for a patient. The registered manager agreed and said they

would review where they stored it. We reminded them that if they decide to keep it unrefrigerated they would need to adjust the expiry date in line with the manufacturer's guidance. We noted that the practice did not keep records of the refrigerator temperature to ensure that temperature sensitive items were stored within the correct temperature range.

Staff recruitment

The practice had thorough recruitment procedures which included written application forms and structured interviews and reference requests. We saw evidence that the practice had obtained Disclosure and Barring Service (DBS) checks for all staff in line with their recruitment policy. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a range of health and safety related policies, a practice risk log and specific risk assessments covering a variety of general and dentistry related health and safety topics. These were supported by a detailed business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice. The registered manager had a copy of this off site and staff knew who they could contact if problems arose when the registered manager was not available.

The practice had a fire risk assessment completed by an external fire safety consultant. We saw the records of the routine weekly and monthly checks the staff made in respect of fire safety precautions at the practice.

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

There was an action plan in respect of health and safety during the improvements to the practice. This included a decision that building work would only take place at weekends to reduce the impact on patients. We saw that access to the area where work was in progress had a stairgate to block access.

Safety related training topics were scheduled for staff meetings throughout the year

Infection control

The practice was visibly clean and tidy and patients who mentioned cleanliness in CQC comment cards were positive about this. The practice employed a cleaner for daily general cleaning. The dental nurses shared responsibility for cleaning of clinical areas and equipment. There were written cleaning schedules for each room to ensure all cleaning tasks were carried out and recorded.

The practice had an infection prevention and control (IPC) policy and the registered manager was the IPC lead for the practice supported by one of the dental nurses. We highlighted that some of the content was not tailored to the specific circumstances at the practice although these were not so significant as to detract from the effectiveness of the policy. We saw that IPC audits were carried out twice a year and that the practice took action in respect of the findings.

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

Decontamination of dental instruments was carried out in the treatment rooms because the practice did not yet have a separate decontamination room. Building work to install one on the first floor was underway and the room was ready for the furniture and equipment to be installed. The practice told us this work had taken longer than they hoped due to issues such as planning and building regulations approval. The registered manager hoped to obtain further guidance from NHS England and from equipment manufacturers regarding the final layout of the room.

Are services safe?

The separation of clean and dirty areas in the treatment rooms was clear and the decontamination processes followed by staff were thorough. We discussed the process with members of the team who all explained this clearly. They explained that they cleaned instruments in an ultrasonic bath before a visual examination using an illuminated magnifying glass. If any residue remained on an instrument they manually scrubbed these and then checked them under the magnifier again. Heavy duty gloves were available for the staff to use for manual scrubbing to reduce the risk of injury. When the cleaning and checking process was complete staff then sterilised the instruments.

The practice kept records of the expected decontamination processes and checks including those which confirmed that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately. The practice confirmed that they used single use instruments whenever possible in line with HTM01-05 guidance and did not re-use items designated as single use only.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. One dental nurse told us that because they were allergic to latex the practice had provided disposable and heavy duty latex free gloves. The treatment rooms had designated hand wash basins for hand hygiene and liquid soaps and paper towels. Suitable spillage kits were available to enable staff to deal with any loss of bodily fluids safely.

The flooring in the treatment rooms was showing signs of wear and tear and had been damaged by the installation of new dental treatment chairs. Adequate short term repairs had been made but the practice was having new flooring fitted by the end of June.

The practice had an up to date Legionella risk assessment carried out by a specialist company in March 2016. Legionella is a bacterium which can contaminate water systems in buildings and had acted on the findings of this. We saw that staff carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm in the dental waterlines. Staff confirmed they also carried out regular flushing of the water lines in accordance with current guidelines.

The practice's arrangements for segregating and storing dental waste reflected current guidelines from the Department of Health. The practice had a waste management policy and used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment notices and that the practice stored waste securely before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was displayed in the treatment rooms and staff were aware of what to do. The practice had documented information about the immunisation status of each member of staff. Boxes for the disposal of sharp items were wall mounted, dated and signed.

Equipment and medicines

The practice had maintenance arrangements for equipment to be maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor, X-ray equipment and portable electric appliances. We saw that in addition to an annual check of electric appliances by an electrical contractor the practice also did its own monthly visual checks to make sure items were not damaged.

Medicines were securely stored and the practice kept daily records to monitor the quantity in stock and the expiry dates. The practice stored prescription pads securely and kept records of the serial numbers in stock. The dentists signed when they received a fresh prescription pad and staff used the record of serial numbers to record which patients each prescription was issued to.

The practice did not routinely monitor the temperature of the room where medicines were stored to make sure temperature sensitive medicines were not stored above recommended temperatures.

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

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). These were well

Are services safe?

maintained and included all of the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the practice had effective arrangements for maintaining the X-ray equipment and acted on any recommendations engineers made. We saw the required information to show that the practice had informed the Health and Safety Executive (HSE) of the X-ray equipment present in the building.

We saw the certificates confirming that the dentists had up to date completed IRMER training for their continuous professional development (CPD).

The practice used a particular type of equipment on its X-ray machines known as a rectangular collimator which reduces the dose of X-rays patients receive. Beam aiming devices were also used to reduce the need for repeat exposures.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. They were recording the percentage of X-rays achieving a diagnostic quality grading of one, two or three but not completing the expected audits regarding this.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We discussed the assessment of patients' care and treatment needs both dentists. They confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). We saw evidence that the dentists took a risk based approach to taking X-rays in line with FGDP guidance. They were aware of specific guidance related to taking a needs assessment approach to recall intervals between courses of treatment, the prescribing of antibiotics and lower wisdom tooth removal.

The practice kept suitably detailed records about patients' dental care and treatment. They obtained and regularly updated details of patients' medical history. The receptionist explained that they always asked patients to check their medical history form at the start of a new course of treatment and update this if needed. The form had a section for updates which provided adequate space for any new information. The dentists asked about any health changes at each appointment. The dentists and dental nurses confirmed that the dentists completed assessments of patients' oral health including their gum health and checks of soft tissue to monitor for mouth cancer.

Health promotion & prevention

The dentists and dental nurses were aware of and used the Delivering Better Oral Health Tool Kit from the Department of Health. Information was available for patients about oral health, stopping smoking and sensible alcohol consumption. We saw evidence that the dentists gave advice to patients about these as necessary. They explained this was sometimes a sensitive area for discussion but did their best to provide patients with guidance. Our conversations with the dental nurses confirmed this. A range of dental care products were available for patients to buy.

The practice prescribed fluoride toothpaste for patients they assessed were at high risk of tooth decay. They also provided fluoride applications and fissure sealants for children in accordance with current guidelines.

Staffing

We confirmed that staff were supported to complete the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). The practice had evidence that all clinical staff held current GDC registration. The practice policy was to ask staff for copies of all training certificates. These were kept in a well organised individual staff folders. Not all staff had provided all of their certificates but this was due to mitigating personal circumstances.

In addition to clinically focused training, staff also completed training in safety related topics. These included basic life support and defibrillator training, fire safety and infection control. The practice had a structured induction process for new staff. We spoke with two new members of the team who both confirmed they felt well supported during their induction. One described in detail some of the ways a dentist used each appointment to provide learning opportunities and add to their knowledge. The trainee told us the dentist always explained to patients that they were training and might ask questions. They said this gave them confidence to do so.

The registered manager had completed a course to improve their knowledge and skills in conducting staff appraisals. They had implemented an appraisal system which included structured assessments of new staff at the end of a probationary period followed by annual appraisals.

Working with other services

The practice referred patients to NHS dental hospitals or to other NHS or private dental practices, if they needed more complex care or treatment that they did not provide. This included oral surgery, conscious sedation, dental implants and advanced gum disease treatment.

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

The practice advised patients to tell them if they did not receive an appointment within the expected timeframe. When this happened the practice followed the referrals up to avoid avoidable delays in patients receiving treatment.

Consent to care and treatment

We saw evidence that the dentists understood the importance of obtaining and recording patients' consent to treatment. We confirmed that they gave patients the

Are services effective?

(for example, treatment is effective)

information they needed to make informed decisions about their treatment. The practice used the required standard NHS forms and additional specific consent forms for patients who needed more complex treatment and for private patients. The dentists told us they gave patients a period of time to consider their options before they made firm decisions about how they wanted their treatment to proceed.

The practice had a written consent policy and guidance for staff about the Mental Capacity Act (MCA) 2005.The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists had completed MCA training and were aware of the relevance of this legislation to the dental team. The practice had a structured format to use if they needed to carry out a capacity assessment. We saw an example of a capacity assessment which showed the dentist understood the legislation and took it into account when they treated the patient concerned. The dentists also considered whether young people under the age of 16 may be able to make their own decisions about care and treatment. In house training about consent was scheduled for a staff meeting in July 2016. This would benefit new members of the practice team who had previously worked in settings where the MCA was not relevant.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 27 completed CQC comment cards and the practice's own survey and NHS Friends and Family survey results for the last year. These provided a consistently positive view of the practice and the care and treatment patients received. Patients described the whole practice team as caring, friendly, reassuring and efficient. The NHS Friends and Family test results showed that from a total of 408 responses, 316 patients said they were extremely likely to recommend the service and 80 were likely to recommend it.

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

During the day we observed some contacts between staff and patients. We saw that they responded to patients in a respectful, cheerful way both in person and on the telephone. Reception staff described the extra attention they gave to nervous patients by engaging them in conversation to take their mind off their appointments.

Involvement in decisions about care and treatment

We saw evidence that the practice recorded information about each patient's treatment options, and that they discussed the risks and benefits of these with them. This was supported by comments made by several patients in the CQC comment cards where several patients commented on how well the dentists explained their treatment they needed and the effort they took to make sure they understood.

The dentists described explaining things to patients in a way they would understand. They explained that their approach was to tell patients the available options and where possible show them this using models and pictures. They told us they involved patients in the discussion to make sure they understood the risks and benefits of treatment options. This included taking patients' level of understanding into account.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We collected 27 completed CQC comment cards and looked at the practice's own survey results and their NHS Friends and Family test results for the last 12 months. The information showed that patients were happy with the practice and considered that the care they received met their needs. Several described how the reassuring approach of the practice team and the calm atmosphere had helped them feel less anxious about dental treatment.

We looked at the appointment booking system with a member of staff. This confirmed that the length of each patient's appointments was based on information from the dentists. Reception staff explained that at the end of each appointment the dentists gave patients a slip of paper. This contained information about what the next appointment was for, how soon this needed to be and the length of appointment needed. They showed us examples of this which provided evidence that the length of appointments varied according to the treatment planned. Likewise the interval between check-ups was in accordance with the patient's risk factors for disease.

Clear information was available for patients in the practice information leaflet and in a folder in the practice waiting room. These provided a variety of information for patients including NHS and private charges, the range of treatments the practice could provide, the importance of telling the practice about health changes, patient confidentiality, emergency dental care and the complaints process.

Tackling inequity and promoting equality

Staff told us that they had very few patients who were not able to converse confidently in English. In this situation they had details for an interpreting and translation service available in reception. In addition to English the dentists spoke more than one language so were able to use this to converse with some patients. The practice provided treatment to patients living in a nearby traveller community. The practice had an induction hearing loop to assist patients who used hearing aids. The practice information leaflet stated that patients could ask for a large print version.

There was level access from the front entrance into the reception, waiting room and one treatment room. There were two steps up to the other treatment room. Some patients with disabilities chose to use the rear entrance which had a step down but was closer to the adjacent car park. The patient toilet had a grab rail for patients with physical disabilities but was not large enough for wheelchairs. There was no space in the building to enlarge this facility. The practice information leaflet informed patients that the practice did not provide full access for patients with disabilities. This advised patients using wheelchairs to speak with reception about the facilities available.

Access to the service

Patients were able to make appointments easily and one commented that the practice fitted them in straight away when they had an unexpected problem with a tooth.

The practice was open from 8.45am to 5.15pm Monday to Friday with appointments available from 9am to 11.40am and 1.30pm to 4.40pm. Reception was staffed during the lunch hour so that patients could always speak to someone if they called in or telephoned. During the inspection we saw that patients were not sitting waiting for long periods.

Patients who needed urgent treatment outside usual opening hours were advised to use the NHS 111 service. The practice kept some emergency appointments free each day and staff told us patients with pain or other urgent dental needs would be seen the same day, including during lunch time. They said that whilst adult patients might need to sit and wait to be seen, children in pain were given priority. The out of hours arrangements were provided on the practice's answerphone message.

Concerns & complaints

The practice had a complaints policy and procedure and a copy of this was displayed on a noticeboard in reception. The procedure explained who patients should contact about concerns and how the practice would deal with their complaint. It also contained contact details for national organisations that patients could raise their concerns with depending on whether they were NHS or private patients. These included NHS England, the Dental Complaints Service, and the GDC.

We looked at the records of four complaints received by the practice during the last 12 months. Two of these were anonymous comments left on the NHS Choices website. The practice had recorded these as complaints and replied

Are services responsive to people's needs?

(for example, to feedback?)

on NHS Choices asking the patients concerned to contact the practice direct. They had not done so but the practice had reviewed the issues raised and discussed them at staff meetings. For example, one person had left a negative review about the attitude of reception staff. This was discussed at a staff meeting where the importance of customer service was reviewed. Another concern raised was about charges for treatment. The importance of communicating information about charges clearly was then discussed at a staff meeting. The practice used a structured complaints record form to document the progress of each complaint. We saw examples of positive apology letters and refunds being given to some patients.

In house training about how to deal with complaints was scheduled for a staff meeting in July 2016.

Are services well-led?

Our findings

Governance arrangements

Until recently the practice had a practice manager but they left a few weeks before our inspection. The registered manager told us that they intended to recruit a new practice manager as soon as possible but wanted to be sure they made the right appointment. The registered manager was therefore undertaking the day to day management of the practice for the time being and was also providing clinical leadership. Some responsibilities were delegated to other members of the team. A newly appointed experienced dental nurse explained that that the partners had asked them to provide leadership and support for the dental nurse team once they had completed their probationary period.

The practice used a comprehensive range of detailed policies and procedures and risk assessments to support them in managing the practice. We saw that that these had been reviewed and updated as needed. We found some duplication of information which had created unnecessary additional work for the practice and could lead to confusion. The registered manager was pleased that they would be able to rationalise some information when they next reviewed the policies and procedures. The policies reflected relevant national guidance from organisations including the General Dental Council (GDC) and the British Dental Association (BDA).

Staff completed training in respect of information governance and confidentiality to help ensure patient information was treated correctly. The practice information leaflet contained a statement assuring patients that the practice took privacy and confidentiality seriously. Copies of the British Dental Association code of practice for data protection were available for patients in the waiting room.

The practice used information from the BDA and a specialist external organisation for guidance and advice regarding staffing matters including performance management issues.

Leadership, openness and transparency

The staff team was relatively new with several members of the team having worked there for less than a year or in some cases for just a few months. This was not evident from the quality of co-operation and support we observed during the inspection. Staff told us they enjoyed working at the practice and that everyone worked together well. Staff were particularly positive about the consideration and support the registered manager provided.

Management lead through learning and improvement

Staff confirmed that the practice supported them to meet their training needs. We saw that the registered manager had well organised information to help them monitor the training staff had completed. The practice held monthly staff meetings and the registered manager had a monthly schedule setting out topics for in-house staff learning during the year. These included infection prevention and control, information governance, child and adult safeguarding, equality and diversity, the CQC regulatory framework, consent and GDC standards. The partners paid for the whole practice team to attend a course together in 2015. This course included professional, legal and ethical issues in dentistry. The registered manager attended courses at the local Deanery throughout the year.

The practice had well established history of audits and associated analysis and action plans to help them monitor and improve the care and treatment they provided. Audits included checks to make sure referrals to other services were made correctly, X-rays being justified graded and reported on, and infection prevention and control (IPC). We noted that the audits of X-rays did not include the information about the percentage of X-rays achieving a diagnostic quality grading of one, two or three. The IPC audits were carried out twice a year. We saw that the most recent of these had resulted in the practice installing new dental chairs when they identified that further wear would make the old ones difficult to clean effectively.

The partners were in the process of extensive improvements to the premises. Some work had been completed (improved access to a treatment room, new décor and two new dental treatment chairs). Others work was in progress – new flooring for the treatment rooms and the creation of a separate room for cleaning and sterilising instruments. In the future the practice hoped to create internal access to the staff room and office which were reached by an external staircase. Several patients commented on the pleasant environment and the improvements made. The practice had received one

Are services well-led?

negative comment on NHS Choices about the impact of the work. This was anonymous and the person had not responded when the practice replied to ask them to get in touch to discuss this.

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

The practice used their own surveys and the NHS Friends and Family test to obtain patients views. The comments made by patients were collated every month. We looked at the results of these for the last 12 months. These were complimentary about the whole practice team. Most comments were positive although one person had mentioned they found it difficult to manage the steps to one of the treatment rooms. In response the practice had altered these steps and added a handrail. Subsequently a patient had written a comment thanking them for the improvement. One patient commented that they did not like staff using their first name and the registered manager therefore reminded staff to check patients' preferences about what they wanted to be called. In response to other requests the practice had provided drinking water and was also planning to provide more toys for children in the waiting room.

Information about survey results was displayed in the waiting room. The practice had also included a request for patients to bear with them during the structural alterations and other improvements at the practice.

The practice had a whistleblowing procedure for staff to use if they identified concerns at the practice. This lacked information about external contacts if they felt unable to report these internally.

We saw minutes of regular staff meetings during 2015 and 2016. These provided staff with the opportunity to discuss a variety of topics. These included significant events, complaints and practice audits. For example an audit of dental care records identified that medical histories had not always been kept up to date. The importance of doing this was discussed at a staff meeting and staff had the opportunity to discuss the barriers to this such as patients who were reluctant to provide information about alcohol consumption. We saw evidence that the meetings were well attended and detailed notes were kept of the areas discussed. In addition to discussions about practice business the meetings were also used as learning opportunities with different topics covered each month. Staff told us the notes of the meeting were available for them to read if they were unable to attend.