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Corner House Dental Practice

Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection on 09 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

Corner House Dental Practice is a dental practice providing mostly NHS dental treatment, with private treatment options for patients. The practice is located in premises in Battle East Sussex. There is ample parking facilities in the area.

The practice has three treatment rooms, one of which is on the ground floor.

The practice provides dental services to both adults and children. The practice provides mostly NHS treatment (90%). 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 Thursday 8.30am to 6pm and Friday 8am to 4pm and Saturday by appointment only.

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.

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

Summary of findings

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 dentists; three qualified dental nurses, two receptionists, three trainee dental nurses and a practice manager.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to tell us about their experience of the practice. We collected 25 completed cards and looked at 16 recent NHS Friends and Family forms which were available at the practice. We collected the views of a further 3 patients who attended on the day of our inspection.

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.
- 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 sterilizing 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 processes for learning from complaints to include reviewing trends and putting into place appropriate actions

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.

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.

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

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.

Are services caring?

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

We observed staff being welcoming and friendly when patients came in to book an appointment. We received feedback from 27 patients. Patients praised all staff and gave a positive view of the service; three patients who confirmed that they were happy with the service also said that occasionally there was an extended wait to see the dentist.

Patients commented that treatment was explained clearly and staff said that dentists always took their time to explain treatment to patients. Patient records were stored securely and patient confidentiality was well maintained.

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 could get an appointment although there was sometimes a wait for routine appointments. However, patients who were in pain or in need of urgent treatment would be seen the same day.

Summary of findings

The practice had access for patients with restricted mobility via level access into the practice. 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. However, due to the constraints of the building it was not possible to make the toilet facilities on the ground floor accessible for a wheelchair.

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.

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.

Corner House 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.

We carried out an unannounced, comprehensive inspection on 09 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

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.

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 issues raised at their inspection on 18 April 2016.

We reviewed policies, procedures and other documents. We received feedback from 27 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 patient. The records showed the staff had taken appropriate action to ensure this accident did not happen again. 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 one significant event in the 12 months up to the inspection visit. This had been recorded, analysed and measures had been taken to reduce the risk of such an event 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. In addition there was a copy of Child protection and the dental team, 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 February 2016.

There were guidelines to guide staff in the use and handling of chemicals in the practice. The policy identified the risks associated with 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 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

Are services safe?

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. 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 at the practice had completed basic life support and resuscitation training in October 2015. Additional emergency equipment available at the practice included: airways to support breathing, manual resuscitation equipment (a bag valve mask) and portable suction. NHS England had identifie that some emergency equipment was not present at their inspection in April 2016. On the day of our inspection we found that all of the items identified as missing were available.

Staff recruitment

There was a recruitment policy which had been reviewed in October 2015. We looked at the recruitment files for eleven 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 two 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. Following our inspection were received confirmation that new DBS checks for the two members of staff had been carried out.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in October 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 November 2015. The practice had completed a fire evacuation drill on 19 April 2016. A fire risk assessment had been carried out in November 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.

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 April 2016. 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)

The practice manually scrubbed contaminated instruments using an enzymatic detergent. The practice had a washer disinfector which had been decommissioned. After cleaning the dental instruments were rinsed and examined 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 and the pouches were date stamped to show when they would expire and require re-processing.

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 did not have a risk assessment for dealing with the risks posed by Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. However, following our inspection we received confirmation that this had been carried out and temperature testing was being carried out and recorded.

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 November 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 3 December 2015. We saw the fire alarm had been serviced in November 2015. The dental chairs had undergone full servicing in December 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 May 2016. 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 been informed that radiographs were being taken on the premises. This was a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000.

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 two dentists; three qualified dental nurses, three trainee dental nurses, two receptionists and a practice manager. 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.

Records at the practice showed that appraisals had been completed for staff and they had recently implemented a personal development plan for staff.

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 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

Are services effective?

(for example, treatment is effective)

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.

Discussions with dentists identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. However, staff said it was unusual for children to come to the practice unaccompanied by either a parent or guardian.

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 this could happen, 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.

We gathered patients' views from 25 completed Care Quality Commission comment cards and 16 NHS Friends and Family forms which were available at the practice. We also obtained the views of a further two patients who attended on the day of our inspection.

Patients were positive about the practice and their experience of being a patient there. People said they could not fault the service they received and thought that the practice was excellent. People described finding the practice premises pleasant and the staff as helpful, unhurried and the dentists as gentle. All 16 patients who filled in a Friends and Family form had selected the option confirming that they were 'extremely likely' to recommend the practice.

During the inspection the interactions we saw between practice staff and patients were polite, and helpful. It was evident that the team knew patients well.

The practice had an up to date confidentiality policy. The reception desk was in the waiting room but was arranged so the computer screen was not visible to patients. The receptionist confirmed that if more than one patient was in the waiting room and one wished to speak privately they would use the back room for this.

Involvement in decisions about care and treatment

We spoke with two 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 (90%) 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 ample parking available in close proximity to the practice. The practice had three 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 two patients during the inspection. patients said they had experienced issues with obtaining a routine appointment. Patients also said they found reception staff always helpful, friendly and 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. Patient confirmed this.

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 was over two floors with patient areas on both floors. This included three treatment rooms. The practice had level access into the building which would allow patients using a wheelchair or with restricted mobility to access treatment at the practice.

The practice had a ground floor toilet unfortunately due to the constraints of the building it could not be adapted for the use of patients with mobility problems.

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 to Thursday 8.30am to 5.45pm and Friday 8am to 3.30pm and Saturday by appointment only.

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 five complaints received in the 12 months prior to our inspection. There was a theme which related to patients being unfamiliar with the current booking system and were sometimes 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

Corner House Dental Practice had a practice manager. Staff told us that the practice manager was easy to approach and contact either by telephone or email and always responded promptly when contacted.

The practice had conducted staff meetings and we looked at the meeting minutes for the last year. Topics discussed included, infection control, patient complaints and other procedural issues such as appointments and staffing.

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.

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. Following our inspection the practice provided their new whistleblowing policy to us.

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 August 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 was specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. Results showed that the majority of patients, around 99%, who had completed feedback cards had said they were likely or extremely likely to recommend the practice to family and friends.