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Bank Cottage Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 22 August 2018 and 13 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Bank Cottage Dental Practice is in the market town of Thornbury, approximately 12 miles from Bristol, and provides NHS and private treatment to adults and children. There are two services provided by two independently registered providers at this location. This report only relates to the provision of NHS general dental care and orthodontic services. An additional report is available in respect of the private dental provision which is registered under the provider Bank Cottage Dental Limited.

Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the

Summary of findings

appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children, except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

There is a small step into the practice from the street although a portable ramp can be used if requested for access for people who use wheelchairs and those with pushchairs. Car parking spaces, including several for blue badge holders, are available in car parks near the practice.

The dental team includes three dentists, one orthodontist, eight dental nurses, two dental hygienists, one receptionist, one practice administrator and one practice manager. The practice has six treatment rooms.

The provider is registered as a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Bank Cottage Dental Practice is the practice manager.

An inspection took place on the 22 August 2018 however due to a lack of key personnel available within the practice an additional date of the 13 September 2018 was subsequently scheduled to complete the inspection. On the first day of inspection, we collected 86 CQC comment cards filled in by patients.

During the inspection process we spoke with three dentists, the orthodontist, five dental nurses, one dental hygienist, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance. The practice did not show us any completed infection prevention control audits.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of one medicine which had not been stored correctly. This item was immediately ordered and replaced.
- The practice had systems to help them manage risk to patients and staff. At the time of our visit there was scope to strengthen this with additional risk assessments. Some of these were completed and sent to us following our inspection.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding contact details were displayed in the practice manager's office. Both the practice manager and practice administrator had completed a designated safeguarding officer course.
- The provider had staff recruitment procedures. We found that one staff member had not received a documented induction and not all qualifications were held on staff files. These were rectified following our visit.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Patients could access routine treatment and urgent care when required.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided. Information from 86 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, professional and high-quality service.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

There were areas where the provider could make improvements. They should:

Summary of findings

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all relevant dental materials and substances.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols to ensure infection control audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

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?

No action

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

The practice had systems and processes to provide safe care and treatment. The practice were providing conscious sedation through relative analgesia. Relative analgesia is the use of inhalation sedation with nitrous oxide and oxygen. We highlighted concerns in regard to some of the equipment and lack of update training during our visit on the 22 August 2018. The provider immediately suspended this service and subsequently decided to terminate all inhalation sedation services. When we revisited the practice on the 13 September 2018 the equipment had been removed from the premises, patient consultation had taken place and an alternate referral pathway had been implemented.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding flow charts with local authority contact details were displayed in the practice managers office.

The practice had completed various risk assessments, however at the time of our visit there was scope to strengthen this with additional risk assessments. Some of these were completed and sent to us following our inspection.

Staff were qualified for their roles and the practice completed some essential recruitment checks. We found that one staff member had not received a documented induction and not all qualifications were held on staff files. We were sent a copy of the completed induction following our visit and were assured that all staff qualifications would be placed in staff files.

Premises and equipment were clean and maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice did not show us any completed infection prevention control audits. We found that staff had not received any fire safety training in line with a recommendation documented within their fire risk assessment. Fire safety training was scheduled for all staff following our visit.

The practice had suitable arrangements for dealing with medical and other emergencies. One medicine had not been stored in line with manufacturer's instructions. This item was immediately ordered and replaced. We found that antibiotics held in the practice were of lower dosages than recommended guidance and therefore did not reflect current antibiotic stewardship. This was discussed with the provider who immediately changed processes to reflect guidance.

The practice held NHS prescriptions which were stored securely. Some improvement was required in ensuring that they could be tracked and monitored. During our inspection, the practice updated their processes to rectify this.

Are services effective?

No action

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

Summary of findings

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and of the highest quality. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. However, there was scope for improvement in recording the type of consent and x-ray reports within the patient clinical care records.

The principal dentist showed us diagrams that he had drawn for patients to help them understand the diagnosis and the subsequent treatment options. Copies of these were then scanned into the patient's clinical care records so that they could be referred to at appointments if required.

The orthodontic care provided was evidence based and focused on the needs of the patients. The practice used current national professional guidance in relation to orthodontics including that from the British Orthodontic Society to guide their practice. Oral hygiene education was prescriptive and could include tooth brushing techniques and dietary advice using models, visual displays and following the 'show, tell, do' technique to enhance patient understanding.

The practice was committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienists through a clear care pathway.

The practice had arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action ✓

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

We received overwhelming positive feedback about the practice from 86 people. Patients were positive about all aspects of the service the practice provided. They told us staff were extremely caring, empathetic and attentive. Patients also commented on witnessing great teamwork within the practice.

Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice. We were told that the dentists had given exceptionally caring support to children, particularly to those with learning difficulties.

Patients said that they were given detailed advice, that everything was explained clearly, and their dentist listened to them.

Patients consistently commented that staff made them feel at ease, especially when they were anxious about visiting the dentist. A patient visiting the practice for their first time advised that they were very nervous attending as they hadn't seen a dentist for many years. The receptionist was very kind to them and relayed their concerns to the dentist and nurse who also treated the patient with great kindness and made them pleased that they visited this particular practice.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff always treated them with dignity and respect.

Summary of findings

We observed receptionist team members supporting patients in a friendly, helpful and polite manner. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Details of how patients could complain were clearly displayed in the reception area, in the patient information leaflet and on the practice website. At the time of our visit the practice was in the process of updating the patient information leaflet and website following rebranding.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The principal dentist took over ownership of the practice approximately one year ago and was in the process of implementing improvements detailed in a documented refurbishment plan. Improvements to date included purchasing new equipment such as clinipads and upgrading some of the treatment rooms, the waiting room, the reception area and the patient toilet.

The practice team kept patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. Patient satisfaction survey results were consistently positive.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

In addition the practice had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. A policy was available to staff to ensure they were aware of the signs and practice procedure should they identify any patients this affected.

There was a whistleblowing policy which included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at 12 staff recruitment records. These showed the practice mostly followed their recruitment procedure. We found that one staff member had not received a documented induction and not all qualifications were held on staff files. We were sent a copy of the completed induction following our visit and were assured that all staff qualifications would be placed in staff files.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The principal dentist funded this for all staff members.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We found that staff had not received any fire safety training in line with a recommendation documented within their fire risk assessment. Fire safety training was scheduled for all staff following our visit.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had most of the required information in their radiation protection file. Local rules for each machine were on display in line with the current regulations. Following our visit, the practice reorganised and added a contents page to their radiation protection file to ensure all documents could easily be found.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. On our visit in August we found that one dentist worked outside the scope of this risk assessment. When we revisited on the 13 September we were shown a detailed sharps risk assessment, disclaimer form and justification document that were specific for this dentist.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. One staff member was a non-responder to the Hepatitis B vaccine, at the time of our visit there was no risk assessment in place to mitigate the risk. A comprehensive risk assessment was implemented and sent to us following our inspection.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We identified that one emergency medicine was not being stored correctly. Glucagon was available but it was not stored in the refrigerator. The manufacturer states that it can be stored outside the refrigerator but this does shorten the shelf life. Staff were unable to demonstrate that the expiry date had been amended. This was brought to the attention of staff and this item was immediately ordered and replaced.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

Guidance was available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials although at the time of our visit risk assessments had not been completed for all of these. We were advised this would be rectified.

The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice manager advised that they completed infection prevention and control audits twice a year. We were not shown any infection prevention and control audits and were informed that they were unable to retrieve or print these. The provider told us they would utilise another tool to complete these audits to ensure that they had documented audits.

The practice were providing conscious inhalation sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. We highlighted concerns in regard to some of the equipment and lack of

Are services safe?

update training during our visit on the 22 August 2018. The provider immediately suspended this service and subsequently decided to terminate all inhalation sedation services. When we revisited the practice on the 13 September 2018 the equipment had been removed from the premises, patient consultation had taken place and an alternate referral pathway had been implemented.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

The practice accepted referrals for orthodontic treatments. Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We found that antibiotics held in the practice were of lower dosages than recommended guidance and therefore did not reflect current antibiotic stewardship. This was discussed with the provider who immediately changed processes to reflect guidance.

The practice held NHS prescriptions which were stored securely. Some improvement was required in ensuring that they could be tracked and monitored. During our inspection, the practice updated their processes to rectify this.

Track record on safety

There were risk assessments in relation to safety issues, although there was scope to strengthen this with additional risk assessments in relation to staff specific circumstances. These were completed and sent to us following our inspection.

The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been three safety incidents reported. The incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on patient safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Alerts were sent to a practice email address. We were informed that the practice manager received these and took action if any alerts were relevant to the dental setting. They recalled the details of some alerts that had been issued.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The principal dentist showed us diagrams that he had drawn for patients to help them understand the diagnosis and the subsequent treatment options. Copies of these were then scanned into the patient's clinical care records so that they could be referred to at appointments if required.

An associate orthodontist provided orthodontic treatment and assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society. We saw several examples of detailed orthodontic treatment plans. Dental care records shown to us demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. The records were comprehensive, detailed and well maintained.

Orthodontic treatment plans were completed and given to each patient, these included the cost involved if private orthodontic treatment had been proposed. Patients' dental treatment was monitored through follow-up appointments and these typically lasted between eighteen months to two years for a course of orthodontic treatment.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The practice was committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienists through a clear care pathway. The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs and past treatment. The clinicians discussed medical histories during appointments and supported patients to complete these on clini-pads. The dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information. However, there was scope for improvement in recording the type of consent and x-ray reports within the patient clinical care records.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice utilised the skills of two dental hygienists.

The practice team mostly consisted of long standing members of staff. We were told that staff new to the practice would receive a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

The associate orthodontist would work with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patient's orthodontic treatment.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were extremely caring, empathetic and attentive. Patients also commented on witnessing great teamwork within the practice.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. We observed one reception team member placing a chair next to the reception desk so that a patient with limited mobility did not have to go down the step into the waiting room.

Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice. We were told that the dentists had given exceptionally caring support to children, particularly to those with learning difficulties.

A patient visiting the practice for their first time advised that they were very nervous attending as they hadn't seen a dentist for many years. The receptionist was very kind to them and relayed their concerns to the dentist and nurse who also treated the patient with great kindness and made them pleased that they visited this particular practice.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

We observed receptionist team members supporting patients in a friendly, helpful and polite manner. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, hand drawn images and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice, currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the receptionist advised that she sits in the reception area with a particularly nervous patient to reassure and calm them.

The practice had made reasonable adjustments for patients with disabilities. This included portable ramped access to the front of the building, a lowered part of the reception desk for wheelchair users and two ground floor treatment rooms. In addition to this large print documents and an induction hearing loop were available at reception and longer appointments were given to patients who required additional time to get in to the treatment room.

Staff telephoned some older patients on the morning of their appointment to make sure they could get to the practice. All patients that had opted to receive text message appointment reminders were sent these two days before appointments.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with some other local practices for private patients and signposted NHS patients to the NHS 111 out of hour's service.

The practices' website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past five years.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care. They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

We were told that the practice manager would take action to deal with poor performance if the need arose.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used surveys and a suggestions box to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. The practice had changed the selection of magazines following patient feedback.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results received in August 2018 showed that 100% of the 12 respondents were extremely likely or likely to recommend this practice.

Patient survey results taken in July 2017 were very positive and showed that of the 21 respondents 95% were able to

Are services well-led?

book appointments at times that suited them, 98% felt that the practice was clean, comfortable and tidy and 99% had confidence in the knowledge and abilities of all team members.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We were told that staff had been consulted and helped to choose new uniforms.

Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. They had clear records of the results of these audits and the resulting action plans and improvements. The practice did not show us any completed infection prevention control audits.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The employed team members had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.