Alchemy Dental Practice Limited

Alchemy Dental Practice Limited - Crewe

Inspection Report

203 Edleston Road
Crewe
CW2 7HT
Tel: 01270 211171
Website: www.alchemydental.co.uk

Date of inspection visit: 26 January 2016
Date of publication: 03/03/2016

Overall summary

We carried out an announced comprehensive inspection on 26 January 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

Alchemy Dental Practice Ltd - Crewe comprises a reception and waiting room on the ground floor, 12 treatment rooms, five of which are located on the ground floor, offices and staff rooms. There is one low step leading into the practice at the front entrance and a fixed ramp at the rear entrance. Parking is available near the practice.

The practice provides general dental treatment primarily to NHS patients, but also offers general dental treatment and a range of more complex treatments, for example, implants and orthodontic treatment, to private patients. The practice is open Monday to Friday 8.00 am until 6.00 pm.

The practice is run by three directors and staffed by a practice manager, accounts manager, reception manager, an assistant practice manager, eight dentists, two dental therapists, a clinical dental technician, 13 dental nurses, of which seven are trainees, and three receptionists.

The practice is a training and development practice and trains undergraduate dentists, student dental therapists and recently qualified dentists, and provides supervision to overseas dentists whilst they are preparing for the Overseas Registration Exam, (ORE). (The ORE is an exam that overseas qualified dentists have to pass in order to register with the General Dental Council).

Summary of findings

One of the directors 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.

We reviewed 43 comment cards which had been completed by patients prior to our visit, about the services provided. All these cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic and they found the staff friendly, approachable and caring. They had trust in the staff and confidence in the dental treatments, and said explanations were clear and understandable.

Our key findings were:

- The practice recorded and analysed significant events, incidents and complaints and cascaded learning to staff.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were readily available.
- Premises and equipment were clean, secure and properly maintained.
- Infection control procedures were in place and the practice followed published guidance.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Clinical staff were up to date with their continuing professional development and met the requirements of their professional registration.
- Patient's care and treatment was planned and delivered in line with evidence-based guidelines, and current practice and legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and delays were kept to a minimum.
- The practice staff felt involved and worked as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Governance arrangements were in place for the smooth running of the practice and the practice had a structured plan in place to audit quality and safety.

.

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

- Update the complaints procedure on the practice website to include details of the next steps available to patients if they are not satisfied with the response from the practice, in accordance with General Dental Council guidelines.

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.

There were systems in place for identifying, investigating and learning from incidents relating to patient safety.

Staff understood their responsibilities for identifying and reporting potential abuse. Staff were trained in safeguarding and there were policies and procedures in place for staff to follow.

The practice had a recruitment policy and recruitment procedures in place which were in accordance with current regulations.

Risks had been identified and assessed and staff were aware of how to minimise risks.

We found the equipment used in the practice, including medical emergency, and radiography equipment, was well maintained and checked for effectiveness.

There were appropriate arrangements in place for managing medicines, including emergency medicines, to ensure they were stored safely and did not exceed their expiry date.

There were systems in place to reduce and minimise the risk and spread of infection and the premises and equipment were clean, secure and properly maintained.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant published guidance. The practice monitored patients' oral health and gave appropriate health promotion advice tailored to the patient's individual needs. Staff explained treatment options and costs to patients to assist them in making an informed decision before treatment was carried out.

Consent was obtained before treatment was commenced.

The practice referred patients to other services for care where required, in a timely manner.

Staff were registered with the General Dental Council and engaged in continuous professional development to meet the requirements of their registration. Staff were supported through training, appraisals, and opportunities for development. Training and the skill mix of staff were core to the provision of the service.

Are services caring?

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

Patients commented that the staff were caring, polite, professional and friendly. They told us that they were treated with dignity and respect and their privacy was maintained.

Patient information was handled confidentially.

We saw that treatment was clearly explained and patients were provided with written treatment plans.

Patients with urgent dental needs or in pain were responded to promptly and were usually seen by a dentist on the same day.

Summary of findings

Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day.

The practice was accessible to people with disabilities, impaired mobility, and to wheelchair users. The ground floor treatment rooms were accessible and there was an accessible toilet also on the ground floor. A hearing loop and access to interpretation services were available. The practice leaflet included clear information about access.

The practice used the skill mix of staff to improve outcomes for their patients.

Information about emergency treatment and out of hours care was displayed at the practice entrance and contained in the practice leaflet.

The practice had a complaints policy which was displayed in the waiting room and outlined in the practice leaflet. However complaints information on the practice website did not include details of further steps a patient could take if they were not satisfied with the practice's response.

Are services well-led?

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

The practice had a clear leadership structure in place and shared roles and responsibilities amongst staff. The practice had governance arrangements in place and clear policies and procedures which were being followed by staff.

Staff were supported to maintain their professional development and skills. The practice staff met regularly to review all aspects of the delivery of dental care and the management of the practice.

Patients and staff were able to feedback compliments and concerns regarding the service.

Auditing processes and learning from complaints were used to monitor and improve performance.

Patient records were stored securely and patient confidentiality was well maintained.

Alchemy Dental Practice Limited - Crewe

Detailed findings

Background to this inspection

The inspection took place on 26 January 2016 and was led by a CQC inspector assisted by a dental specialist advisor.

We carried out the inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and details of staff qualifications and proof of registration with their professional body.

We also reviewed information we held about the practice and found there were no areas of concern.

We reviewed the NHS Choices website for patient feedback and for current Friends and Family Test scores.

During the inspection we interviewed the directors, and several of the staff including managers, dentists, dental therapists, dental nurses, a receptionist and patients. We reviewed policies, procedures and other documents and observed some of these procedures in action.

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

Staff had a clear understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013, (RIDDOR), although no reporting had been required. Staff provided an example in relation to a member of staff who had potentially developed an allergy whilst working at the practice. This was fully investigated and no reporting was found to be necessary under RIDDOR.

The practice had an accident book which was completed with details of accidents involving staff.

Staff understood procedures to follow should things go wrong, and were able to demonstrate this in their handling of incidents and complaints. We saw examples of two complaints received by the practice in the last 12 months. Both complaints were thoroughly and promptly investigated and issues arising from them were used to inform future practice. Patients were given an explanation and an apology and informed of action taken. Learning from incidents and complaints was discussed at staff meetings.

We were given an example of a near miss incident which was dealt with promptly, effectively and appropriately.

Patients reported in reviews on the NHS Choices website and in comments cards that where they had any concerns these were very well handled with clear and helpful responses.

The practice had a system of passing on safety alerts received from the Medicines and Healthcare products Regulatory Agency. These alerts identify problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry. Clinicians were made aware of relevant alerts by the practice managers and these were actioned appropriately. Alerts were also discussed in staff meetings. The manager gave an example of a recent product safety alert received following which staff checked all stock to ensure this item was not used in the practice.

Reliable safety systems and processes (including safeguarding)

The practice had a whistleblowing policy in place and a policy for safeguarding children and adults which included contact details for reporting concerns and suspected abuse. Staff interviewed understood the policy and were aware of how to identify abuse and follow up on concerns. Staff were trained to the appropriate level in safeguarding and two of the staff had lead role responsibilities. We were given examples of two separate safeguarding concerns which had come to the attention of the practice; one involved an adult patient; the other involved a child patient. In both cases action was prompt and thorough.

The dentists and the dental therapists were assisted at all times by a dental nurse.

We saw evidence of how the practice followed recognised guidance and current practice on patient safety. For example, we checked whether dentists used rubber dam routinely to protect the patient's airway during root canal treatment, and established the practice's policy on the use of instruments for root canal treatment, and the practice's infection control protocol for surgical procedures, such as implant placement.

Dental care records were maintained electronically. The records were password protected and computers were backed up daily. Screens in the reception area could not be overlooked.

Medical emergencies

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary.

We saw records of weekly checks to ensure the medicines and equipment were all within the expiry dates. Emergency medicines and equipment were stored centrally in reception, accessible to all staff and staff were able to tell us where it was located.

Staff were trained together as a team in cardio pulmonary resuscitation, (CPR), annually, and were aware of the procedure to follow in an emergency. Staff described to us how they would deal with a number of medical emergencies, and provided us with an example of how they had dealt with a medical emergency involving a patient in the practice. Regular CPR refresher training was carried out in between the annual training, and took the form of role play in various scenarios.

Staff recruitment

Are services safe?

The practice had a recruitment policy which reflected current regulations, and maintained recruitment records for each member of staff. We reviewed staff recruitment records and found evidence that the recruitment policy was operating effectively.

The practice had an induction programme in place and we saw evidence to demonstrate staff had received an induction. We spoke to recently appointed and long serving staff and they were able to describe their induction process. We were shown an example of an induction checklist and employee handbook by one of the trainee nurses.

The practice was a training practice for undergraduate dentists and student therapists, recently qualified dentists and dental therapists, and dental nurses. The directors planned the service delivery to utilise the skill mix of experienced staff, trainees and newly qualified staff in a variety of clinical roles, for example, dentists, dental therapists, dental nurses and a clinical dental technician to deliver care in the best possible way for the patient. The practice directors told us they considered that they had optimised the number of experienced staff working in the practice which helped promote stability for trainees.

The clinical staff we spoke to were aware of their own abilities and strengths and those of their colleagues, and staff worked together and utilised the skill mix to maximise outcomes for patients.

Monitoring health and safety and responding to risks

The practice had arrangements in place to deal with potential disruptions to the service. The practice had an overarching health and safety policy which detailed arrangements to identify, record and manage risks, underpinned by several risk specific assessments, for example, manual handling, radiation and sharps, with a view to keeping staff and patients safe.

The practice had procedures in place to assess the risks from substances in accordance with the Control of Substances Hazardous to Health Regulations 2002, and maintained a file containing details of all products in use at the practice, for example, chemicals used for dental treatment and cleaning materials. The practice kept the manufacturers' data sheets to inform staff what action to take in the event of a chemical spillage, accidental swallowing or contact with the skin. Measures were clearly identified to reduce such risks and included the use of personal protective equipment for staff and patients. Hazardous materials were stored safely and securely.

We saw records of a recent fire risk assessment. Fire alarm testing, fire drills and emergency lighting were tested regularly and we saw evidence of these checks. We saw evidence of a recent gas safety check. An electrical installation test was pending due to ongoing construction work in the practice.

The practice managers and dental therapists were also qualified dental nurses and able to provide cover in unexpected situations.

Infection control

The practice had an infection control policy and associated procedures in place, for example, a procedure on the decontamination of re-usable equipment. We observed the decontamination process and found it to be in accordance with Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05). Decontamination of used instruments was carried out in two dedicated decontamination rooms. Clear zoning separated clean from dirty areas in the treatment and decontamination rooms. We saw staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Protocols and procedures were clearly displayed. The practice used sealed boxes to transfer used instruments from the treatment rooms to the decontamination rooms.

We inspected the drawers and cupboards in the decontamination rooms and treatment rooms where sterilised instruments were stored. Instruments were pouched and dated with the expiry date and items for single use were clearly labelled.

The dental nurse showed us the systems in place to ensure the decontamination equipment was checked daily and weekly, and we saw records of these checks which were in accordance with HTM 01-05.

The treatment rooms and decontamination rooms had sufficient supplies of personal protective equipment for staff and patient use and we observed this in use.

We saw evidence to show that the clinical staff had received a vaccination to protect them against the

Are services safe?

Hepatitis B virus, and evidence relating to the effectiveness of this vaccination. The practice had a sharps injury policy in place and staff were able to describe and demonstrate the actions they would take should they sustain an injury.

The practice had a Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The assessment identified actions to be taken and these had been completed. The practice had recently carried out a Legionella risk review. The dental water lines, suction unit and filters were cleaned and disinfected daily to prevent the growth and spread of Legionella bacteria. Water temperature checks were carried out monthly and regular microbiological testing was carried out on the water treatment equipment to monitor the risk from Legionella.

We observed that the clinical rooms, the waiting room and toilets were clean, tidy and clutter free. Hand washing facilities were available in each of the treatment rooms, decontamination rooms, and in the toilet facilities. Hand washing protocols were displayed appropriately near handwashing sinks.

The practice employed a cleaner who was responsible for cleaning all areas of the practice except for clinical areas which were the responsibility of the dental nurses. There was a cleaning schedule in place which identified areas to be cleaned on a daily, weekly and monthly basis and a daily checklist for the cleaner. The practice used a colour coding system to assist with cleaning risk identification in accordance with National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency.

Dedicated staff changing facilities and lockers were available and staff were aware of the uniform policy.

The segregation, storage and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. We saw general and clinical waste was stored securely and separately. The practice had suitable arrangements for all types of dental waste to be removed from the practice by a contractor. Spillage kits were available for contaminated spillages.

The practice carried out infection control audits six monthly. We saw evidence from the most recent audits which demonstrated that actions had been carried out, for example, we noted that washer-disinfectors had been installed in the decontamination rooms in accordance with HTM 01 05 best practice guidance.

Equipment and medicines

The practice maintained records containing details of servicing and maintenance of equipment. We saw recent test certificates for the decontamination equipment, air compressors, X-ray equipment and portable electrical appliances.

The practice used a safe syringe system to avoid used needles being re-sheathed. We saw evidence that the practice's policy was for sharp instruments to be dismantled by the user. We saw evidence that staff were routinely reminded of this in minutes of staff meetings. Staff were aware of procedures to dismantle all types of sharp instruments to minimise the risk of injury. Sharps bins were suitably sited in clinical areas.

NHS prescription pads were locked in the treatment rooms when in use and blank prescription pads were stored securely. Reception staff were responsible for ordering new NHS prescription pads and checking the deliveries. Private prescriptions were printed out if required following assessment of the patient. A prescription log was maintained in each treatment room detailing prescriptions issued and void prescriptions. The practice returned expired medicines to the local pharmacy.

Radiography (X-rays)

The practice had appointed a Radiation Protection Advisor and one of the directors was the Radiation Protection Supervisor. Staff had completed radiography training where required. We saw the radiation protection file was well maintained and contained all the relevant information. Local rules, and the current test certificate for each X-ray set, were displayed adjacent to the X-ray sets in the treatment rooms and X-ray rooms.

We saw evidence of X-ray audits which demonstrated the practice was acting in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), and patients and staff were protected from unnecessary exposure to radiation.

Are services safe?

Dental care records confirmed that X-rays were justified, reported on and quality assured in accordance with IRMER.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with the Faculty of General Dental Practice, (FGDP), guidelines and the General Dental Council guidelines.

The dentists described how examinations and assessments were carried out. Patients completed a medical history questionnaire electronically which included detailing any health conditions, regular medicines being taken and allergies, as well as details of their dental and social history. This assisted in capturing the patient's expectations in relation to their needs and concerns which helped dentists to provide the most appropriate care and treatment.

The dentists recorded a diagnosis and discussed treatment options and costs with the patient. The dental care record was updated with the proposed treatment after this was agreed with the patient. Patient consent was recorded.

Patients were monitored in follow-up appointments which were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment. The dental care records adhered closely to the FGDP guidance. The medical histories had been updated. Details of the treatments carried out were documented and specific details of medicines used in the dental treatment were recorded. This meant a specific batch of medicine could be traced to the patient in the event of a safety recall or alert in relation to a medicine. We saw patients' signed treatment plans. Patients confirmed to us in feedback that their individual needs were taken into account, for example, we saw that appointments could be longer if an anxious patient needed more time.

We saw evidence that the dentists always used current National Institute for Health and Care Excellence Dental checks : intervals between oral health reviews guidelines, to assess each patient's risks and needs and to determine how frequently to recall them.

A range of leaflets was available in the waiting room which explained various treatments and costs, and information was also available on the practice's website.

Health promotion and prevention

We found the practice adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in primary and secondary care settings. The practice had significant numbers of patients with substantial decay, so followed the recommendations of the toolkit in their daily practice. Tailored preventive dental advice and information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures.

Information in leaflet form, was also available in the waiting room in relation to smoking cessation and improving oral health.

Staffing

All qualified dental care professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental care professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development. We saw evidence that all qualified dental care professionals working at the practice were registered with the GDC.

The practice was a training practice and trained undergraduate dentists, student dental therapists and recently qualified dentists and dental therapists. The undergraduate dentists and therapists attended the practice to allow them to gain experience of working in a practice environment. This was as part of Liverpool University's outreach scheme. The practice also trained dental nurses. The practice supported dentists qualified overseas, and provided them with opportunities to gain experience in UK dentistry, and supported and supervised them in their preparation for the Overseas Registration Exam which would allow them to practice dentistry in the UK.

The practice also provided a training setting for two Foundation dentists. (This Foundation scheme introduces new graduates to general dental practice and provides a protected environment to work in for a year whilst they undertake training to prepare for working in the NHS). Two

Are services effective?

(for example, treatment is effective)

of the directors supervised their training. A further two dentists at the practice had applied to become trainers for these dentists and were themselves undergoing assessment as to their suitability for this role.

The practice used a variety of means to deliver training to staff, for example, online training, manufacturer's seminars and videos, postgraduate deanery courses, 'lunch and learn' sessions and staff meetings. Nurses we spoke to gave examples of training delivered at staff meetings relating to updates in policies and learning from incidents. Another member of staff described to us the training she had received since joining the practice three months previously.

The practice had an area in the staff room specifically designated for training which was furnished with a computer for online learning which staff could use to access training.

Two of the dentists lectured in their special areas of interest on the dental degree courses at Liverpool and Manchester universities.

All members of the practice team were responsible for supervision of the trainees but two of the directors had specific supervisory responsibilities for the dentists and therapists, and the assistant manager had specific training responsibilities for the nurses. Trainee and new staff undertook a programme of induction and training before being allowed to carry out duties. Trainee nurses told us they initially shadowed an experienced nurse then worked under supervision until they were competent. They told us they felt well supported.

The practice carried out staff appraisals during which staff training needs were identified. We reviewed the appraisal records and noted these were a two way process. As part of this process training needs for each staff member were identified and recorded, for example, one nurse who assisted with implants was to train in phlebotomy which would improve outcomes for patients as blood tests could then be carried out at the practice removing the need for patients to have a separate visit to their GP.

The practice told us that each member of staff kept records of their own continuing professional development, (CPD) and that copies of certificates were also retained by the practice. We reviewed CPD records and found them to contain a range of CPD, which demonstrated staff kept up to date.

The General Dental Council highly recommends certain subjects for CPD, including cardio pulmonary resuscitation, safeguarding, and infection control. We saw evidence of this training in the staff records demonstrating that staff were meeting the requirements of their professional registration.

Working with other services

The practice manager, dentists, and dental therapists described a range of primary and secondary care options for patient referrals. Dentists and dental therapists were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. Urgent referrals were made in line with current practice. We saw internal referral forms, for example, from a dentist referring a patient to the therapist. The therapists described the internal referral system and explained how this worked.

Consent to care and treatment

The dentist described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Following the initial consultations and assessments, and, prior to commencing dental treatment, patients signed a treatment plan and consent form which was scanned to their dental care records. The form and discussion with the dentist made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment, including the alternative options, risks, benefits and costs. The dentists and therapists described how they obtained verbal consent at each subsequent treatment appointment.

We saw examples of consent forms for more complex procedures, for example, implants, extractions and teeth whitening. These provided clear details of the procedure, risks and instructions. These were signed by the patient and scanned into the patient's dental care records.

Dentists explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. They told us they allowed patients time to think about the treatment options presented to them.

Are services effective?

(for example, treatment is effective)

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken.

The practice displayed a fee list in the waiting room.

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentists gave examples of how they would take mental capacity issues into account when providing dental treatment, which demonstrated their awareness of the MCA. They explained how they would manage patients who lacked the capacity to consent to dental treatment. They told us if they had any doubt about a patient's ability to understand or consent to the treatment they would involve the patient's family and others as appropriate.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed staff interacting with patients in the waiting room and at reception. Staff were friendly and caring towards patients. Feedback given by patients on comments cards and in interviews demonstrated that patients felt they were always treated with respect and kindness and staff were helpful. Several patients who were anxious about dental treatment commented that the dentists were caring and supportive.

A separate room was available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with the dentists and the therapists. Conversations between patients and the dentists and therapists could not be heard from outside the rooms which protected patients' privacy. Patient feedback also identified that staff listened to concerns, for example, we observed a patient requesting no local anaesthetic for a filling and the dental therapist discussed this fully with the patient and was encouraging and supportive throughout the treatment.

Staff were clear about the importance of support when delivering care to patients who were nervous or fearful of dental treatment. This was confirmed by patients we spoke to and comment cards reviewed which said that this helped make the experience better for them.

Involvement in decisions about care and treatment

Dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records.

Comment cards we reviewed and patients we spoke to told us care and treatments were always explained in a language they could understand. Information was given to patients enabling them to make informed decisions about care and treatment options. Staff confirmed that treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice premises was spacious, well maintained and provided a comfortable environment. There was a large waiting room and a separate waiting area. Access for patients with disabilities had been considered and a recent Disability Discrimination Act audit had been carried out. The directors planned to re-site the reception and waiting room to the rear of the building to allow easier access to reception as a bottleneck was sometimes created due to the current position of the reception desk.

The practice tailored appointment lengths to patients' individual needs and patients could choose from early morning, daytime and early evening appointments.

The directors planned the service delivery to utilise the skill mix of experienced staff, trainees and newly qualified staff in a variety of clinical roles, for example, dentists, dental therapists, dental nurses and a clinical dental technician, (CDT), to deliver care in the best possible way for the patient and to enhance patient experience. They discussed with us the example of the CDT who worked at the practice, manufacturing laboratory made prostheses initially for private patients only. The directors recognised the particular expertise of the CDT in making dentures, and realised there would be benefits to patients and the practice in utilising the CDT to make dentures under the prescription of a dentist, for NHS patients also. The CDT also saw internally referred patients to resolve denture problems. Patient feedback had been very positive and patients had commented that the dentures were of excellent quality and they were able to obtain appointments sooner. Dentists reported that this had freed more appointment time in which to see patients and additionally allowed them to undertake more complex work.

The NHS Dental Services patient survey, (this survey is carried out by the NHS to monitor the quality and integrity of NHS dental services), provided the following information in relation to this practice

- 97.6% of patients were satisfied with the time they had to wait for an appointment, compared with the national average for England of 90.0%.

Patients could request appointments by email, telephone or in person. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. Reminders were sent by telephone, letter, or email, depending on the patient's preferred method of contact if the patient indicated their agreement to this. Patients commented that they found this very useful.

There was a wide choice of dentists, and patients were able to express a preference should they wish to see a specific dentist.

The practice had a high number of patients who needed extensive treatment over a number of appointments. The directors therefore recruited two dental therapists who were able to see patients more quickly and decrease waiting times for treatment appointments.

The practice offered private treatment under a monthly planned payment scheme or a facility to pay for a one off private treatment, and the costs were clearly displayed.

A patient survey was carried out by the practice to obtain feedback on a wide range of topics and patients were always able to provide feedback, for example, a patient had commented to reception that a text reminder the day before the appointment would be helpful and the practice were currently putting this system into place.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place which staff were aware of.

The practice had access for patients with disabilities by means of a fixed ramp to the rear of the practice and a portable ramp at the front of the practice. There were five treatment rooms on the ground floor and these were accessible to patients with disabilities, impaired mobility, and to wheelchair users. A section of the reception desk was at an appropriate height to accommodate wheelchair users.

There was a ground floor accessible toilet which had an alarm installed should patients wish to call for assistance.

There was clear information in the practice leaflet regarding accessibility and the practice made provision for patients to arrange appointments by email, telephone or in person. The practice had a hearing loop which could accompany patients into the treatment rooms.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a significant number of Polish speaking patients and had displayed signs in reception in Polish to assist those who did not understand English. One member of clinical staff was a Polish speaker and was able to assist with translation if required. Staff also used telephone translation services.

Access to the service

The practice opening hours were displayed at the entrance to the practice and in the patient leaflet.

Emergency appointments were available daily. Out of hours information was displayed in the practice leaflet and at the practice entrance.

The practice participated in the 'access' system whereby patients who had no dentist are allocated by the NHS to local practices for emergency treatment. The practice had six dedicated appointments daily for access patients.

Waiting times and delays were kept to a minimum and patients were kept informed of any delay. A notice was displayed in reception informing patients to speak to reception if they were waiting more than 15 mins after their appointment time.

Concerns and complaints

The practice had a complaints policy which was outlined in the practice leaflet and displayed on the noticeboard at the practice entrance. The complaints procedure was also displayed on the practice website but no details were included as to how patients could take complaints further if they were not satisfied with the response from the practice. The Director informed us that the website was to be re-designed in the near future and this information would be included.

The practice manager informed us that verbal and written complaints were recorded and complaints were analysed for trends and concerns. Information provided prior to the inspection identified that two complaints had been received by the practice in the last 12 months. We reviewed the complaints file and saw that the complaints had been thoroughly and promptly investigated, and responded to in a timely manner in line with the practice's complaints policy. Learning from the complaints had been shared at staff meetings.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure and governance arrangements in place. Staff we spoke to were aware of their roles and responsibilities within the practice and team work and professionalism were priorities in the practice. Staff reported that the managers were approachable and helpful. The practice was working towards the British Dental Association Good Practice award and as part of this had organised the staff into working groups consisting of a dentist, therapist, nurse and receptionist to look at specific areas, for example radiology.

Staff told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any concerns. Responsibilities were shared between staff, for example, some staff had lead roles. Staff told us they were allocated time for their lead role responsibilities.

Staff were aware of the importance of confidentiality and understood their roles in this.

Dental care records were complete and accurate. They were maintained digitally and securely stored. All computers were password protected and the computer was backed up daily.

The practice had a range of policies and procedures in place and these were regularly reviewed and accessible to staff. We saw evidence that policies and procedures were being followed.

The practice had a recruitment policy and procedures in place which were in accordance with current regulations. Staff recruitment records were stored securely.

The practice had a quality policy outlining for example what patients can expect in their assessments. Dental care records evidenced this was being followed. Quality was also monitored by a range of clinical audits. We reviewed audits of infection control, X-rays and record keeping and saw actions resulting from these were followed up and re-auditing was carried out. The re-auditing demonstrated improvement on previous audit outcomes which contributed to improving quality of care. One of the directors told us reflection featured prominently in the practice ethos.

Leadership, openness and transparency

All the staff we spoke to described an open and transparent culture which encouraged candour and honesty. Staff told us they would be comfortable in raising concerns with their colleagues or practice managers and they felt they would be listened to and any action taken would be appropriate.

As the practice was a training practice challenges to current practice from students, newly qualified and more experienced staff were encouraged and seen as a means for all to learn.

The directors had a clear vision for the practice as evidenced in the practice's statement of purpose which we reviewed prior to the inspection. We saw evidence that the practice was delivering care in accordance with the objectives in the practice's statement of purpose.

The directors and managers told us that a variety of systems were in place for supporting communication, including, for example, staff meetings and suggestions boxes. The practice held regular nurses meetings, clinicians meetings and full staff meetings. We saw minutes from recent meetings and these covered a range of topics such as learning from incidents, decontamination, fire safety quizzes and social networking. Nursing staff were rotated regularly between clinicians which encouraged good communication and sharing of ideas and learning.

The directors and managers operated an open door policy to allow staff to raise ideas and concerns with them directly.

Learning and improvement

Staff reported there was a culture of learning in the practice which encouraged continuous improvement. Staff reported they had a heightened awareness of the potential for mistakes due to the practice being a training one and all staff understood ther role in supporting their colleagues. Trainees understood when to ask for assistance and there was a no blame culture.

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

The practice had arrangements in place for monitoring and improving the services provided for patients.

Are services well-led?

The practice gathered feedback from patients in the form of a patient satisfaction survey. The most recent one concluded that patients were very satisfied with the service and no issues were raised for the practice to address.

The NHS Dental Services patient survey provided the following information in relation to this practice

- 97.6% of patients were satisfied with the dentistry they received compared to the national average for England of 93.8%.

The NHS Choices website rated the practice positively, and the NHS Friends and Family Test score reflected that all patients surveyed would recommend the practice to their family and friends.

Staff reported they were happy in their roles, well supported by colleagues and always able to seek clarification and assistance if they were unsure of any of their duties. Staff told us they felt the directors valued their involvement and acted on suggestions, for example, one of the managers had suggested improving stock control with the introduction of core products, and had set up a system whereby clinicians trialled different products and provided feedback. This had helped to improve predictability, consistency and reliability in dental treatments.