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# Allsopp & Associates Dental Practice - Bridge Street

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 27 September 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**

Allsopp & Associates Dental Practice - Bridge Street is a dental practice providing orthodontic (predominantly) and general dental services on a NHS basis. The service is provided by three dentists (one of whom is the provider) and three orthodontic therapists. They are supported by four dental nurses, a practice manager and a receptionist. The dental nurses also carry out reception duties.

The practice is located in Walsall town centre and is near local amenities and bus routes. The premises are situated on the first floor. The practice consists of a waiting room, a reception area, four treatment rooms and toilet facilities. There are also dedicated rooms for storage and also for taking X-rays. The practice opened between 8:30am and 5pm from Monday to Friday. The practice also offered extended opening hours for specific orthodontic items of treatment, such as late evenings on Thursdays.

The provider is registered with the Care Quality Commission (CQC) as an individual. 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.

# Summary of findings

Twenty-six patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with three patients. The information from patients was generally complimentary. Patients were positive about their experience and they commented that staff were friendly, professional and welcoming.

## **Our key findings were:**

- The practice was organised and appeared clean and tidy on the day of our visit. Many patients also commented that this was their experience.
- Patients told us they found the staff polite and friendly. Patients were able to make routine and emergency appointments when needed.
- An infection prevention and control policy was in place. We saw the decontamination procedures followed essential standards.
- The practice had systems to assess and manage risks to patients, including health and safety, safeguarding, safe staff recruitment and the management of medical emergencies.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Staff received training appropriate to their roles.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had an effective complaints system in place and there was an openness and transparency in how these were dealt with.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- Practice meetings were used for shared learning.
- The practice demonstrated that they regularly undertook audits in infection control, radiography and dental care record keeping.

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

- Review the current legionella risk assessment once it is available and implement any required actions.
- Review the protocol for completing accurate, complete and detailed records relating to the recruitment of staff. This includes ensuring recruitment checks, including references and records of immunisation status, are suitably obtained and recorded.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems to assess and manage risks to patients. These included whistleblowing, complaints, safeguarding and the management of medical emergencies. It also had a recruitment process to help ensure the safe recruitment of staff. This had been amended recently as the provider recognised that it needed to be more robust.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medicines issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. Emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The practice was carrying out infection control procedures as described in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary dental practices'.

Staff told us they felt confident about reporting accidents and incidents. Staff were aware of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

No action



### Are services effective?

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

The practice was a specialist orthodontic practice and predominantly carried out orthodontic treatment. They accepted referrals from 800 practices. Explanations were given to patients in a way they understood and risks, benefits and options were explained. Record keeping was in line with guidance issued by the Faculty of General Dental Practice (FGDP) although some improvements were required.

The dentists followed national guidelines when delivering dental care. These included FGDP and National Institute for Health and Care Excellence (NICE). We found that preventative advice was given to patients in line with the 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 a primary and secondary care setting.

No action



### Are services caring?

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

On the day of the inspection we observed privacy and confidentiality were maintained for patients using the service. Patient feedback was generally positive about the care they received from the practice. Patients described staff as friendly and polite. Patients commented they felt involved in their treatment and it was fully explained to them. Nervous patients said they felt at ease here and the staff were supportive and understanding. Several patients commented that the practice was child-friendly.

No action



# 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.

The practice had an efficient appointment system in place to respond to patients' needs. They were usually able to see patients requiring urgent treatment within 24 hours.

The practice had an effective complaints process.

The practice was situated on the first floor. Patients with limited mobility were welcomed at the provider's other local practice which offered full access for patients with disabilities. This was a short distance away.

No action 

## Are services well-led?

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

There was a clearly defined management structure in place and staff we spoke with felt supported in their own particular roles.

There were systems in place to monitor the quality of the service including various audits. The practice used several methods to successfully gain feedback from patients. Staff meetings took place on a regular basis.

The practice carried out audits such as radiography, dental care record keeping and infection control at regular intervals to help improve the quality of service.

No action 

# Allsopp & Associates Dental Practice - Bridge Street

## Detailed findings

### Background to this inspection

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

We inspected Allsopp & Associates Dental Practice - Bridge Street on 27 September 2016. The inspection was carried out by a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed NHS England that we were inspecting the practice. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with the provider, the practice manager, two dental nurses and the receptionist. We also reviewed CQC comment cards which patients had completed and spoke with patients. We reviewed a range of practice policies and practice protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems in place for staff to report accidents and incidents. We saw records of incidents and accidents and these were completed with sufficient details about what happened and any actions subsequently taken. Discussing and sharing incidents is an excellent opportunity for staff to learn from the strengths and weakness in the services they offer.

Staff we spoke with understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). No RIDDOR reportable incidents had taken place at the practice in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We saw that the practice had registered with the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager was responsible for obtaining information from relevant emails and forwarding this information to the rest of the team during staff meetings. Staff we spoke with were aware of the practice's arrangements for staff to report any adverse drug reactions.

### Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult procedures in place. These policies were readily available and provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had access to contact details for local safeguarding teams. The practice manager and the provider were the safeguarding leads in the practice and both had completed level three (enhanced) training in 2015. Staff members we spoke with were all knowledgeable about safeguarding. We reviewed records of safeguarding referrals that had been made to the local safeguarding team and found that staff had acted in an appropriate, sensitive and timely manner. Training records showed staff had completed training in 2015.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists

for effective isolation of the root canal, operating field and airway. We were told that all dentists used them when carrying out root canal treatment whenever practically possible.

All staff members we spoke with were aware of the whistleblowing process within the practice and there was a policy present. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

Staff we spoke with were aware of the duty of candour regulation. The intention of this regulation is to ensure that staff members are open and transparent with patients in relation to care and treatment.

Never events are serious incidents that are wholly preventable. Staff members we spoke with were not aware of 'never events' and the practice did not have written processes to follow to prevent these happening. For example, there was no written process to make sure they did not extract the wrong tooth. However, staff described to us the methods they used to prevent such incidents from occurring.

The practice had processes in place for the safe use of needles and other sharp instruments.

### Medical emergencies

Within the practice, the arrangements for dealing with medical emergencies in the practice were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an automated external defibrillator (AED) present. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

Staff received annual training in the management of medical emergencies. The practice took responsibility for ensuring that all of their staff received annual training in this area. All equipment and medicines were stored in a secure but accessible area.

Staff undertook regular checks of the equipment and emergency medicines to ensure they were safe to use. They documented daily checks of the AED and weekly checks of the emergency oxygen and medicines. The emergency medicines were all in date and stored securely.

# Are services safe?

All staff we spoke with were aware of the location of this equipment and equipment and medicines were stored in purposely designed storage containers.

## **Staff recruitment**

The practice had a recruitment policy for the safe recruitment of staff. We saw that the practice had a low turnover of staff so were not able to review any recent recruitment records. We looked at the recruitment records for three members of the practice team who had all been at the practice for some years. The records we saw contained evidence of staff identity verification. Some of these records also contained employment contracts, copies of staff's dental indemnity, registration certificates and curricula vitae. None of the records we reviewed contained written references or induction plans.

There were also Disclosure and Barring Service (DBS) checks present for only two staff members. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults. We saw evidence that staff had signed a document to consent to the provider seeking regular DBS checks (as necessary). The provider was in the process of registering online which would enable them to carry out DBS checks for their staff on a regular basis. Within 48 hours, the provider emailed us to inform us that they held separate policies for DBS checks and risk assessments for the recruitment of ex-offenders. We were also told that all application forms state that successful recruitment is subject to an enhanced DBS check.

We discussed the recruitment procedures with the provider and practice manager. They told us that they had adapted their recruitment procedures in recent years to make them more thorough and robust. They told us that the complete recruitment record for one staff member was kept off-site at the provider's home address and they gave us information that confirmed that all of the necessary documents had been sought and provided at the time of recruitment. This information was now held at the practice.

## **Monitoring health & safety and responding to risks**

We saw evidence of a business continuity plan which described situations which might interfere with the day to

day running of the practice. This included extreme situations such as loss of the premises due to fire. Emergency contact numbers were displayed in the staff room (and not in the plan).

The practice had arrangements in place to monitor health and safety. We reviewed several risk management policies. We saw evidence that the fire extinguishers had been serviced in September 2016. Fire drills took place every six months to ensure staff were rehearsed in evacuation procedures. Staff carried out and recorded weekly tests on the fire alarms, escape lighting, escape routes and the emergency exits. There was one fire exit and we were told that the practice had access to a fire ladder in the event of a fire. One staff member had completed fire marshal training and they were responsible for carrying out annual fire risk assessments at the practice. Fire safety information was displayed in the waiting area for patients.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access and was reviewed annually. We looked at the COSHH file and found this to be comprehensive where risks associated with substances hazardous to health had been identified and actions taken to minimise them.

## **Infection control**

There was an infection control policy and procedures to keep patients and staff safe. The policy was reviewed annually and was dedicated to the practice. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

We reviewed a selection of staff files and saw evidence that some of the clinical staff were immunised against Hepatitis B to ensure the safety of patients and staff. The practice did not hold evidence that all staff had received and adequately responded to the immunisation. The provider held a service level agreement with their local occupational health department. Prior to the inspection, the provider had obtained written consent from the staff which would enable them to access the immunisation records for all staff. The practice manager contacted us shortly after our

## Are services safe?

visit and they confirmed that the clinical staff had all responded adequately to the immunisations. We were also told that a risk assessment had been completed where there was a gap in assurance about this.

We observed the treatment rooms to be visually clean. Many patients commented that the practice was clean and tidy. Clinical areas had sealed flooring which was in good condition. Dental chairs were covered in non-porous material which aided effective cleaning; however, some of these chairs had small tears in them. The provider was aware of this and explained they planned to refurbish some of the treatment rooms in December 2016. This involved the replacement of these chairs. We saw they were temporarily sealed in the meantime. Patient dental care records were computerised and the keyboards in the treatment rooms were all water-proof, sealed and wipeable in line with HTM 01-05.

There were handwashing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients.

Decontamination procedures were carried out in the treatment rooms as there was no separate decontamination room. HTM 01-05 recognises that a separate decontamination room is not always achievable due to physical limitations on space. In accordance with HTM 01-05 guidance, staff described a dirty-to-clean workflow system in the treatment rooms. The provider had plans to introduce a decontamination room to the practice in future and described these plans to us.

In accordance with HTM 01-05 guidance, an instrument transportation system was in place to ensure the safe movement of instruments between the treatment rooms and the decontamination equipment (as the decontamination equipment was situated in three treatment rooms).

Sharps bins were appropriately located and out of the reach of children. We observed waste was separated into safe and lockable containers for weekly disposal by a registered waste carrier and appropriate documentation retained. Clinical waste storage was in an area where members of the public could not access it. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05.

We spoke with clinical staff about the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty

instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05 guidelines. There appeared to be sufficient instruments available and staff confirmed this with us. Staff we spoke with were aware of disposable items that were intended for single use only.

Staff used a washer-disinfector to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. A washer-disinfector is used to carry out the processes of cleaning and disinfection consecutively in an automated cycle. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear. Heavy duty gloves are recommended during the manual cleaning process and they were replaced on a weekly basis in line with HTM 01-05 guidance.

The practice had systems in place for quality testing the decontamination equipment daily, weekly and quarterly. We saw records which confirmed these had taken place.

The practice had a protocol which provided assistance for staff in the event they injured themselves with a contaminated sharp instrument – this included all the necessary information and was easily accessible. Staff we spoke with were familiar with the Sharps Regulations 2013 and were following guidance. These set out recommendations to reduce the risk of injuries to staff from contaminated sharp instruments.

Staff told us that checks of all clinical areas such as the decontamination room and treatment rooms were carried out daily by the dental nurses. All clinical and non-clinical areas were cleaned daily by an external cleaner. The practice had a dedicated area for the storage of their cleaning equipment.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw evidence that the practice carried these out in line with current guidance. We reviewed the audit from July 2016 and it showed that the practice scored 100% in compliance.

Staff members were following the guidelines on managing the water lines in the treatment rooms to prevent

# Are services safe?

Legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. A Legionella risk assessment was carried out by an external contractor eleven days before our visit. The report was not yet available so we were unable to review this. Previous risk assessment report(s) were not available to review either. We saw evidence that the practice recorded water temperature every six months to check that the temperature remained within the recommended range. Within 48 hours, the provider emailed us with information about previous Legionella risk assessments that had been undertaken. They provided us details of the external company with dates that they were carried out. They also informed us that they had a certificate of service with recommendations from December 2015.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as pressure vessels, X-ray sets and autoclaves.

Employers must ensure that their electrical equipment is maintained in order to prevent danger. Regular portable appliance tests (PAT) confirm that portable electric items used at the practice are safe to use. The practice previously had PAT carried out in August 2016.

The prescription pads were kept securely so that prescriptions were safely given by authorised persons only. The prescription number was recorded in the patients' dental care records. The practice kept a log of prescriptions given so they could ensure that all prescriptions were tracked. All prescriptions were stamped only at the time of issue. The practice dispensed antibiotics and these were stored securely. The practice maintained a log of all medicines that had been dispensed.

There was a separate fridge for the storage of medicines and dental materials. The temperature was monitored and recorded daily.

Stock rotation of all dental materials was carried out on a regular basis by the dental nurse and all materials we viewed were within their expiry date. A system was also in place for ensuring that all processed packaged instruments were within their expiry date.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. The practice used digital X-rays.

Equipment was present to enable the taking of orthopantomograms (OPG) and lateral cephalometric radiographs (LCR). An OPG is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these. A LCR is a standardised, reproducible radiograph used primarily for orthodontic diagnosis and treatment planning.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the practice for all staff to reference if needed.

We saw evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this.

The X-ray equipment in the treatment rooms was fitted with a part called a rectangular collimator which is good practice as it reduces the radiation dose to the patient.

We saw evidence that all staff that were responsible for taking X-rays were up to date with required training in radiography as detailed by the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw evidence that the practice carried out an X-ray audit in March 2016. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. We saw evidence that the results were analysed and reported on.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept electronic dental care records. They contained information about the patient's current dental needs and past treatment. The practice is predominantly an orthodontic practice so we focused on orthodontic records.

We spoke with one dentist about the oral health assessments, treatment and advice given to patients and corroborated what they told us by looking at patient dental care records. Medical history checks were documented in the records we viewed. This should be updated and recorded for each patient every time they attend. We noted that the records did not consistently include information that the intra-oral soft tissues had been checked. The practice manager informed us that these will be documented with immediate effect.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. Current guidance recommends recording the BPE for all adults and children aged 7 and above. We saw some evidence that this was carried out but this was not consistent. However, in its absence, we did see evidence that an oral health assessment was carried out along with any relevant oral hygiene advice.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. Following clinical assessment, the dentist told us they followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded and reports on the X-ray findings were available in the dental care records.

Staff told us that treatment options were discussed with the patient and this was corroborated when we spoke with patients.

Audits were carried out in dental care record keeping in 2013 but these included only the dentists' records. Three orthodontic therapists also regularly treated patients at the practice but their records were not audited. The practice manager told us that the orthodontic therapists are under

the provider's supervision so their records are included when the provider's records are audited. However, they will arrange to audit the orthodontic therapists' records separately from herein.

### Health promotion & prevention

The dentist we spoke with told us that patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. Information about oral health promotion was available in the practice and on the practice website to support patients in looking after their health. Examples included information on stopping smoking. This information was also available on the practice website.

The practice was aware of the provision of preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit'. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice focused heavily on oral hygiene and dietary advice.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. This included areas such as fire safety, infection control and health and safety.

Staff told us they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, orthodontic therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. We were told that dental nurses were often transferred from the provider's other local practice which was a short walk away.

Dental nurses were supervised by the dentists and orthodontic therapists and supported on a day to day basis by the practice manager. Staff told us that senior staff were readily available to speak with at all times for support and advice.

# Are services effective?

(for example, treatment is effective)

We were told that the dental nurses were encouraged to carry out further training. Some of the dental nurses had completed additional training which enabled them to take dental X-rays. Others were enrolled on courses that would enable them to take dental impressions and X-rays.

## **Working with other services**

The practice routinely worked with other professionals in the care of their patients. This was a specialist orthodontic practice and they received referrals from approximately 800 practices. Letters were not routinely sent to the referring practitioner upon completion of orthodontic treatment. The provider contacted us within 48 hours and informed us that they would ensure that correspondence is sent to the referring practice to update them.

Staff understood the procedure for urgent referrals, for example, patients with suspected oral cancer.

## **Consent to care and treatment**

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff ensured patients gave their consent before treatment began and this was recorded in the dental care records.

Staff members we spoke with were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff members we spoke with were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Staff members confirmed individual treatment options, risks, benefits and costs (where applicable) were discussed with each patient. We saw evidence that written treatment plans were routinely provided. Written information was given to patients with information about their orthodontic treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Twenty-six patients provided feedback about the practice. We looked at CQC comment cards patients had completed prior to the inspection and spoke with three patients during our visit. Patient feedback was mostly positive about the care they received from the practice. They described staff as well-informed, welcoming and polite. Patients commented they felt involved in their treatment and it was fully explained to them. Nervous patients said they felt at ease here and others praised the staff for their child-friendly approach. Several patients commented that they had attended this practice for many years, even decades.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to the treatment rooms were closed during appointments and confidential patient details were not visible to other patients. Staff members we spoke with were aware of the importance of providing patients with privacy. The reception area was not left unattended and confidential patient information was stored in a secure area. All staff (and this included any

sub-contractors) were required to sign a confidentiality agreement upon entering the premises. A room would be made available for patients to have private discussions with staff upon request. We observed that staff members were helpful, discreet and respectful to patients on the day of our visit.

We were told that the practice appropriately supported children and anxious patients using various methods. They also had the choice of seeing male or female dentists at the practice. Patients could also request a referral for dental treatment under sedation.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Patients were also informed of the range of treatments available. Patients commented that the cost of treatment (where applicable) was discussed with them and this information was also provided to them in the form of a customised written treatment plan.

NHS examination and treatment fees were displayed on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were not able to access the practice as it was situated on the first floor. However, the provider's other practice was a short distance away and we were told that it was fully accessible. As a result, many patients were seen at the other location.

The practice had an appointment system in place to respond to patients' needs. Patients we spoke with told us that they were usually seen on time and that it was easy to make an appointment.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. We reviewed the appointment system and saw that dedicated emergency slots were available on a daily basis to accommodate patients requiring urgent treatment. If these slots became unavailable, the practice was able to accommodate patients by utilising a 'sit and wait' policy.

Patient feedback confirmed that the practice was providing a good service that met their needs. The practice sent appointment reminders to all patients that had consented. The method used depended on the patient's preference, for example, via email or letter.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. The practice had an audio loop system for patients who might have hearing impairments. The practice also had access to sign language interpreters, if required. Magnifying glasses were available at the practice for patients with visual impairments. The practice had also modified the patients' medical history

questionnaire to include a question about whether the patient would benefit from additional support with communication. Staff had demonstrated a sensitive and discreet approach towards obtaining this information from patients.

The practice had access to an interpreting service for patients that were unable to speak fluent English but the practice rarely needed to use this service.

### Access to the service

Feedback from patients confirmed they could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service for advice on obtaining emergency dental treatment via the telephone answering service.

The practice opened between 8:30am and 5pm from Monday to Friday. The practice also offered extended opening hours for specific orthodontic items of treatment, such as late evening appointments on Thursdays.

### Concerns & complaints

The practice had a complaints process which provided staff with clear guidance about how to handle a complaint. Staff members we spoke with were fully aware of this process. Information for patients about how to make a complaint was available at the practice and accessible to patients. This included details of external organisations in the event that patients were dissatisfied with the practice's response.

We saw evidence that complaints received by the practice had been recorded, analysed and investigated. There was a designated complaints lead. We found that complainants had been responded to in a professional manner. We were told that any learning identified was cascaded to team members.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice manager was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. One example was their risk assessment of injuries from sharp instruments. We were told that the dentists always re-sheathed and dismantled needles so that fewer members of the dental team were handling used sharp instruments. This reduced the risk of injury to other staff members posed by used sharp instruments. The practice also had risk assessments for areas such as the autoclaves, electrical equipment and trip hazards.

### **Leadership, openness and transparency**

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. All staff we spoke with were aware of whom to raise any issue with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead, complaints lead and infection control lead.

### **Learning and improvement**

The practice manager monitored staff training to ensure essential staff training was completed each year. This was free for all staff members and included emergency resuscitation and basic life support. The GDC requires all registrants to undertake CPD to maintain their professional registration.

Staff audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), dental care record keeping and infection control. Other audits focused on patient satisfaction questionnaires and waiting times.

Staff meetings took place at least twice every month. The minutes of the meetings were available for all staff. This meant that any staff members who were not present also had the information and all staff could update themselves at a later date. Topics such as safeguarding, whistleblowing and infection control had been discussed in the last six months.

All staff (including the dentists) received annual appraisals. Regular appraisals provide an opportunity where learning needs, concerns and aspirations can be discussed.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice.

The practice had systems in place to involve, seek and act upon feedback from people using the service. An example of this included providing a second hand rail on the staircase for patients. We were told that views and suggestions were cascaded to all members of the practice team in staff meetings. There was a suggestions box in the waiting room for patients. The provider showed us the results of a recent satisfaction survey and the results were very positive. Patients were invited to complete satisfaction surveys annually. The practice undertook the NHS Family and Friends Test (FFT). The FFT captures feedback from patients undergoing NHS dental care.

Staff we spoke with told us their views were sought and listened to and there were dedicated staff satisfaction questionnaires.