Black Swan Dental Spa Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 June 2015 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 this practice was providing safe treatment and care in accordance with the relevant regulations .

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Our key findings were:

- The practice had systems and processes in place which ensured patients were protected from abuse and avoidable harm.
- Patients' care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were organised so that they meet patients' needs.
- The leadership, management and governance of the organisation assured the delivery of high-quality, patient centred treatment and care, supported learning and innovation, and promoted an open and fair culture.

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

- Ensure quality assurance processes are in place to ensure policies are appropriately updated.

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 treatment and care in accordance with the relevant regulations. Systems, processes and practices were in place to ensure all care and treatment was carried out safely. Lessons were learned and improvements were made when things went wrong. Systems, processes and practices were in place to keep people safe and safeguard them from abuse. Risks to individual people who used the services were assessed and their safety monitored and maintained. Potential risks to the service were anticipated and planned for in advance and systems, processes and practices were in place to protect people from unsafe use of equipment, materials and medicines.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. People's needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. There were effective arrangements in place for working with other health professionals to ensure effective quality of treatment and care for the patient. People's consent to treatment and care was always sought in line with legislation and guidance.

The practice employed a care coordinator as part of their patient centred approach, the coordinator met with new and existing patients to discuss their treatment needs and choices. The practice used a range of specialist equipment such as intraoral cameras to help build patients' trust through visual communication chair side to show the patient a clear picture of the inside of their mouth. Digital SLR cameras were also used allowing the dentist to consult them on various treatment options and save the images directly to the patient's file.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. People were treated with kindness, dignity, respect and compassion while they receive treatment and care. Patients and those close to them were involved as partners in their treatment and care and people who used the services, and those close to them, received the support they needed to cope emotionally with their care and treatment.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Services were planned and delivered to meet the needs of people. Services took account of the needs of different people, including those in vulnerable circumstances. People could access care and treatment in a timely way and people's concerns and complaints were listened and responded to, and used to improve the quality of patient care.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. Governance arrangements ensured responsibilities were clear, quality and performance were regularly considered, and risks were identified, understood and well managed. The leadership and culture reflected the vision and values of the practice. They encourage openness and transparency and promoted the delivery of high quality treatment and care. Quality assurance was used to encourage continuous improvement and people who used the service, the public and staff were engaged with and involved in improving the service.

Summary of findings

The practice had an effective process to inform staff about when policies were updated. The updates were discussed in staff meetings and a copy of the minutes were placed with the policy document to indicate when this information was shared with the staff.

Black Swan Dental Spa

Detailed findings

Background to this inspection

We inspected this practice on 30 June 2015. Our inspection team was led by a CQC Lead Inspector who had access to remote advice from a specialist advisor.

We informed organisations such as NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them. We asked the provider to send us information about their practice and to tell us about the things they did well. We reviewed the information for patients on the practices website.

We spoke with people who used the service, their relatives, interviewed staff working in the practice during the inspection and carried out observations and reviews of documents.

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

Overview of the practice

Black Swan Dental Spa provides private general and cosmetic dentistry to people living in Crewkerne and the surrounding areas. The practice has about 1200 patients from a wide catchment area surrounding Crewkerne. There is easy access into the practice and parking outside and close by. The dental treatment and hygienist rooms are on the first and second floors and there is a separate decontamination room on the first floor as well as a consultation room and radiograph facilities on this level.

The practice has three treatment rooms with five dentists; four dental nurses and three hygienists who work part-time. Two of the dentists provide specialist treatment for people requiring complex dental treatment including dental implants and root canal treatment. The practice is open from 9:00 am until 6:00 pm on Monday, 9:00 am until 6:30 pm on Tuesday, 9:00 am until 7:00 pm on Wednesday, 9:00 am until 5:00 pm on Thursday and Friday. Twice a month on Saturday the practice is open from 9:00 am until 5:00 pm. The practice have their own website as well as Facebook and YouTube pages

The practice manager 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.

Five patients provided feedback about the service during our inspection. The patients spoke very positively about the care and treatment they received and about the caring nature of all the staff in the practice. Patients stated they felt the dentists took a lot of time to explain care and treatment options in a way they understood. Common themes were patients felt they received excellent care and provided personal and compassionate service.

Are services safe?

Our findings

Patients were protected from abuse and avoidable harm.

Reporting, learning and improvement from incidents

There were systems, processes and practices are in place to ensure all care and treatment was carried out safely and lessons were learned and improvements made when things went wrong. For example; the staff demonstrated an awareness of reporting of injuries, diseases and dangerous occurrences Regulations 2013 (RIDDOR) and control of substances hazardous to health (CoSHH). We observed measures in place to support their awareness. Staff were aware of who to report concerns and incidents to and had work processes in place to minimise these occurrences. Where things went wrong which affected patients we saw they were kept informed and that they received an apology. Any learning from these occurrences were shared with all staff at regular staff meetings.

Reliable safety systems and processes (including safeguarding)

There were systems, processes and practices in place to keep patients safe and safeguard them from abuse. All staff had undertaken training in safeguarding vulnerable adults and children. Staff we spoke with understood the reporting systems for raising concerns, such as safeguarding, whistleblowing and complaints and said they felt confident in fulfilling their responsibilities to report concerns. For example, staff were able to describe the signs and symptoms of abuse and kept accurate and detailed records which were written and managed in a way which kept people safe. Local authority safeguarding contact numbers were available to all staff on the practices computer system.

Medical emergencies

Risks to patients using the services were assessed and their safety was monitored and maintained. The practice had arrangements in place to manage medical emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. All of the staff we spoke with knew how to react in urgent or emergency situations.

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines and associated equipment we checked were in date and fit for use.

The practice had a business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included the failure of utilities such as water and electrical supplies, adverse weather and incapacity of staff. The plan also contained relevant contact details for staff to refer to. For example, contact details of the electricity company to contact if the electrical system failed. Staff we spoke with were aware of the business continuity arrangements; the practice manager and main partner kept copies of the plan at their homes in case emergency situations occurred out of normal working hours.

Staff recruitment

Staff were able to share different tasks and workloads when the practice entered busy periods for patients. Staff told us the levels of staff and skill mix were reviewed and staff were flexible in the tasks they carried out. This meant they were able to respond to areas in the practice that were particularly busy or respond to busy periods. For example, reception support was increased at busy times and other staff completed administration tasks.

There were effective recruitment and selection procedures in place. We reviewed the employment files for three staff members. Each file contained evidence that satisfactory pre-recruitment checks had taken place including application forms, employment history, evidence of qualifications, questions and answers from interviews and

Are services safe?

employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

A range of checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service (DBS) had been carried out. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements.

Monitoring health & safety and responding to risks

Potential risks to the service were anticipated and planned for in advance to ensure patient and staff safety. The practice had implemented systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, cross infection, medicines and equipment. The practice had a health and safety policy. Health and safety information was available to staff. The practice had developed clear lines of accountability for all aspects of care and treatment. Staff were allocated lead roles or areas of responsibility for example, safeguarding, the premises and infection control. There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire and routinely checked all fire equipment such as fire extinguishers. We saw these had been recently maintained and staff were able to demonstrate to us they knew how to respond in the event of a fire.

Infection control

Systems, processes and practices were in place to protect patients from unsafe use of equipment, materials and medicines and to reduce the risk and spread of infection. There was a written infection control policy which included minimising risks associated with blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 the Decontamination in primary care dental practices (HTM 01-05 2013)'. This document and the practice policy and procedures about infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We noted there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' A dental nurse with responsibilities for the decontamination of instruments explained and demonstrated to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated. We saw instruments were flushed, washed and rinsed prior to being inspected under an illuminated magnifier to check for any debris or damage. An autoclave was then used to ensure instruments were thermally disinfected and dried ready for the next use. We saw instruments were placed in pouches after sterilisation and dated to indicated when they should be reprocessed if left unused. If instruments were needed for use soon after being cleaned we saw they were places on sterile trays and covered ready for collection. A non-vacuum type autoclave was used for sterilising implant and surgical equipment in line with guidance. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the recommended temperature was regularly checked to ensure the equipment was working efficiently in between service checks.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of infection spread was minimised.

We observed how waste items were disposed of and stored securely. The practice had a contract for the removal of clinical waste. We saw the differing types of waste were safely segregated and stored at the practice; this included clinical waste and safe disposal of sharps. The practice had reviewed it's current waste storage and were in the process of arranging alternative storage to the outside of the premises.

Are services safe?

Staff explained to us the practice protocol for single use items and how they should be used and disposed. The methods described were in line with guidance. We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared to be clean and well maintained and clutter free. Staff told us the importance of good hand hygiene was included in their infection control training.

Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were sufficient supplies of protective equipment for patients and staff members. The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in accordance with the manufacturer's instructions.

Records showed a risk assessment process for Legionella had been carried out. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was an appropriate supply of cleaning equipment which was stored securely. The practice had a cleaning schedule in place that covered all areas of the premises to be cleaned. We observed staff wiping down surfaces between patients to ensure a hygienic environment.

Equipment and medicines

There were sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process. Equipment had been serviced regularly, including the suction compressor, autoclave, oxygen cylinder and the X-ray equipment. We were shown the annual servicing records. The records showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was an informal system in place for reporting and maintaining faulty equipment such as dental drill hand pieces through reporting faults to the practice manager or lead dentist. Staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients. We spoke with the practice manager about the current system and they told us they would arrange for a more formal system to be implemented.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. The systems we viewed were complete, provided an account of medicines used and prescribed which demonstrated patients were given medicines only when necessary. The batch numbers and expiry dates for local anaesthetics were recorded on individual patient records. These medicines were stored safely.

The practice used a range of specialist equipment such as intraoral cameras and digital SLR cameras allowing the dentist to consult with patients about various treatment options available to them. We also saw the practice offered patients video glasses if they were receiving longer treatment to help occupy them during the treatment. Digital X-Ray machines were also used by the practice, these were located in a dedicated area of the practice and included an orthopantomogram (OPG) machine for full mouth X-Rays and a smaller standard intraoral X-ray machine. There was a separate photographic suite which was used to take digital images of patients faces prior to cosmetic treatments.

Radiography (X-rays)

The practice had a separate area of the premises specifically for carrying our X-rays. We checked the provider's radiation protection file as X-rays were taken at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safe use of the equipment and we saw local rules relating to the X-ray machines was displayed.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice provided documentation demonstrating that the X-ray equipment in use had been serviced at recommended intervals. Records we viewed demonstrated the X-ray equipment was regularly tested and serviced. Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Patients' care, treatment and support achieved positive outcomes, promoted a good quality of life and was based on the best available evidence

Monitoring and improving outcomes for patients

Patients needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. For example, the practice was proactive in accessing the latest information and guidance and had access to information from organisations such as, the Faculty of General Dental Practice (FGDP), Selection Criteria for Dental Radiography, FGDP Clinical Examination and Record keeping: Good practice guidelines, General Dental Council (GDC) Standards for the dental team and the Department of Health's Delivering Better oral health toolkit.

Following our discussions with patients and staff and from the records we reviewed we found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals, and as required. They also recorded the justification, findings and quality assurance of X-ray images taken as well as an examination of a patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco. These measures demonstrated a risk assessment process for oral disease was carried out routinely. The assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE). and GDC guidelines. Other assessments included an examination covering the condition of a patient's teeth, gums and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Patients requiring specialised treatment such as sedation were referred to other specialist services.

Patients we spoke with and comments noted on the practices website reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and the outcomes of the treatment provided.

The practice used a range of specialist equipment such as intraoral cameras to help build patients' trust through visual communication chair side to show the patient a clear picture of the inside of their mouth. Digital SLR cameras were also used allowing the dentist to consult them on various treatment options and save the images directly to the patient's file.

The practice carried out a number of cosmetic dental procedures such as dental implants, six month smiles and dental realignment. All patients receiving treatments such as dental realignment had before and after photographs taken to demonstrate the effective outcomes of their treatment. From the many examples we were shown we saw significant changes and read about the levels of satisfaction from patients.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall approach to patient support and advice, and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

The practice asked new patients to complete a new patient health questionnaire which included further information for health history, consent and data sharing guidance. The practice employed a care coordinator to ensure high quality patient care and treatment was provided. All new patients were invited in for consultation with the care coordinator for a discussion about their dental needs and about how their dental health could be maintained or improved. Prior to complex dental treatment, existing patients also met with the care coordinator to arrange or adjust the course of treatment the patient was choosing. Records showed patients were given advice appropriate to their individual needs for example, smoking cessation or dietary advice, particularly in regard of sugary soft drinks. Information available in the practice and on their website promoted good oral and general health. This included information about healthy eating and tooth sensitivity.

Staffing

Practice staffing included dental, hygiene, dental nurse, management and reception staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses for example; health and safety and infection control. All staff were up to date with their yearly continuing professional development requirements. They were monitored and encouraged to

Are services effective?

(for example, treatment is effective)

maintain their continuing professional development (CPD) by one of the hygienists. They ensured all staff maintained their skill levels and records of the number of hours required to maintain their registration.

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care, treatment and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control. There was an effective appraisal system in place which was used to identify training and development needs. The next staff appraisals were planned for September 2015.

Working with other services

The practice had systems in place to refer patients to other specialists if the treatment required was not provided by the practice. Where a referral was necessary, the type of care and treatment required was explained to the patient and they were given a choice of other healthcare professional who were experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

The lead dental partner was a contributor to a number of dental organisations such as the local British Dental Association and the British Academy for Cosmetic Dentistry. They also worked with eminent doctors in dentistry to enhance their skills and knowledge and to bring new techniques into the practice which benefitted patients. The practice worked on a rota system with other practices to provide out of hours dental treatment.

Consent to care and treatment

Our discussions with staff demonstrated they were aware of the Mental Capacity Act 2005 (MCA) and the Children Acts 1989 and 2004, and their duties in fulfilling the Acts. All the staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Staff we spoke with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time. The practice ensured valid consent was obtained for all care and treatment before it was provided. Staff confirmed individual treatment options with the patient; risks and benefits and costs were discussed and then documented it in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. We saw they signed the treatment plan and this was scanned into their patient record.

Are services caring?

Our findings

Staff involved and treated patients with compassion, kindness, dignity and respect.

Respect, dignity, compassion & empathy

The five patients we spoke with on the day of our inspection were very positive about the services they experienced. Patients said they felt the practice offered an excellent service and staff were efficient, friendly, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the treatment provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of treatment rooms. Privacy was provided in treatment rooms so that patients' dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed patients were dealt with in a kind, friendly, compassionate and professional manner. We observed staff being polite, welcoming patients by their preferred name, being professional and sensitive to the different needs of patients. We observed staff communicating with patients on the telephone and saw them respond in an equally calm professional manner. Staff we spoke with were aware of the importance of providing patients with privacy. They told us they could access the consultation room or the practice managers office if patients wished to discuss something with them in private or if they were anxious about anything. We saw staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues and medicines were discussed with them and they felt involved in decision making about the treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

We looked at some examples of written treatment plans and saw they explained the treatment required and outlined the costs involved. The dentist told us they did not routinely carry out treatment the same day unless it was considered urgent, this enabled patients to consider the options, risks, benefits and costs before making a decision to proceed with the treatment. We were told and saw that patients receiving more complex treatments were phoned the next day to ensure the treatment had resulted in no complications and the patient was comfortable and happy with the outcome. Information leaflets were available which gave guidance about a wide range of treatments and disorders such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, veneers, crowns and bridges was accessible on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Services were organised so that they met patients' needs.

Responding to and meeting patients' needs

Services were planned and delivered to meet the needs of patients. The practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice had a clear understanding of who their population were and understood their needs including, making appointments long enough to provide thorough investigations and treatment. Most examinations appointments were at least 30 minutes long, filling appointments were 45 minutes long and more complex dentistry had longer times made available in response to the needs of the treatment and patient.

The practice had effective systems in place to address identified needs in the way services were delivered. They had also implemented suggestions for improvements and made changes to the way they delivered services in response to feedback direct from patients. For example, improving appointment starting and finish times within the practice to account for patients who needed earlier or later treatments and increasing the number of appointments available.

Appointment times and availability met the needs of patients. The practice was open from 9:00 am until 6:00 pm on Monday, 9:00 am until 6:30 pm on Tuesday, 9:00 am until 7:00 pm on Wednesday, 9:00 am until 5:00 pm on Thursday and Friday. Additionally twice a month on Saturdays the practice was open from 9:00 am until 5:00 pm. Emergency appointments were available with each dentist daily. Patients with emergencies were assessed and seen the same day if treatment was urgent. Staff told us that the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. We saw the practice had flexibility with appointments enabling them to provide treatment with an alternative dentist (if the patient chose) if their appointment was taking longer than planned.

Tackling inequity and promoting equality

All reasonable efforts and adjustments were made to enable patients to receive their care or treatment. Patients reported they have access to and receive information in the manner that bests suits them and that they understood. We saw evidence of reasonable effort and action to remove barriers where patients found it difficult to access or use services. Patients with reduced mobility and patients with pushchairs were

able to access services with support or assistance from staff. The practice had accessible toilet facilities that were available on the ground and first floors for all patients attending the practice. Easy access was provided for entry into the building and we saw the treatment rooms were accessible for patients with reduced mobility.

Limited on street parking was available at the front of the practice with further parking spaces a short distance from the rear of the practice. The practice supported parents with young children attending for their own treatment. This was arranged with reception on the day of the patients appointment and staff members supported children whilst parents received treatment.

Access to the service

Patients had access to care and treatment in a timely way. Waiting times, cancellations and delays were kept to a minimum and patients had timely access to urgent treatment if required. Where treatment was urgent patients would be usually be seen the same day. We looked at the appointment diary on the day of our visit and saw emergency appointment slots were available if needed.

All patients we spoke with were very satisfied with the appointments system. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. Later appointments were available outside of school hours for children and young people. Specific longer surgery clinics were also allocated to vulnerable patients as required.

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment NHS dental service. The practice brochure also had this information available for patients. Following our inspection visit we later confirmed this.

Concerns & complaints

Are services responsive to people's needs?

(for example, to feedback?)

Patients concerns and complaints were listened and responded to and used to improve the quality of care. There was a complaints system in place which was publicised, accessible and understood by staff and patients who used the service.

We looked at previous complaints received and managed by the practice and saw there was openness and transparency in how complaints were handled and responded to. Information was provided on the practices website about the steps patients could take if they were not satisfied with the findings or outcome once the complaint has been responded to. Patients report that they know how to complain but had not needed to make a complaint. They told us they felt the system would be easy to use and staff would treat them compassionately and give them the help and support they need to make a compliant if required.

Are services well-led?

Our findings

The leadership, management and governance of the organisation ensured the delivery of high-quality, patient-centred care, supported learning and innovation, and promoted an open and fair culture.

Governance arrangements

The practice had governance arrangements which ensured responsibilities throughout the organisation were clear. Quality and performance were regularly considered and risks were identified, understood and routinely managed. For example, staff were supported and managed at all times and were clear about their lines of accountability. The registered manager understood their responsibilities and was supported in their role by all staff in the practice.

Staff were supported to meet their professional standards and follow their professional code of conduct. All staff were up to date with their yearly continuing professional development requirements. They were monitored and encouraged to maintain their continuing professional development (CPD) by one of the hygienists. The hygienist ensured all staff maintained their skill levels and records of the number of hours required to maintain their registration.

The practice had a policy of ensuring all patient records were maintained to the required standards through the Exact patient record system. This information was checked by colleague dentists during peer discussions. Similar information was also recorded by hygienists. These notes were supplemented by X-Rays and photographs were relevant and appropriate.

We looked at other records such as policies, maintenance logs, daily, weekly and monthly checklists, staff recruitment records and complaints records. The majority were up to date and referenced current best practice guidance and legislation however the recruitment policy lacked detail about what should be covered during staff recruitment. We noted that all required details had been gathered. The practice manager arranged to have this updated immediately. We also saw evidence of how the practice informed staff about when policies were updated. The updates were discussed in staff meetings and a copy of the minutes were placed with the policy document to indicate when this information was shared with the staff.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included for example; infection control, X-ray quality, sharps, medication and treatment rooms. Where areas for improvement had been identified action had been taken. There was evidence of repeat audits to evidence that improvements had been maintained.

Leadership, openness and transparency

The leadership and culture of the practice reflected their vision and values, encouraging openness and transparency and promoting the delivery of high quality care. We saw from minutes of staff meetings that they were held regularly usually every three months. These were supplemented by 15 minute daily meetings to discuss the days schedule and to pass on important information. The practice also held an annual staff meeting to review performance and plan for the coming year. Staff told us that there was an open and accessible culture within the practice and they had the opportunity and were happy to raise issues at team meetings and at any time; with the provider or practice manager without fear of discrimination.

The practice manager had responsibility for HR management across the practice. We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We saw these were up to date. We were shown the staff handbook that was available to all staff, which included sections on areas such as disciplinary and harassment at work. All staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team.

Management lead through learning and improvement

The staff we spoke with told us that the practice supported them to maintain their clinical professional development through training, support and mentoring. We looked at staff files and saw annual appraisals had taken place which included a personal development plan. Staff told us the practice was supportive of training and we saw evidence to confirm this. For example, dental nurse training, online learning and in-house training sessions.

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice told us they were all working towards a common goal to

Are services well-led?

deliver high quality patient treatment and support. We observed a friendly, professional and knowledgeable staff team supporting each other throughout the inspection. We saw they covered each other at break times and helped each other by flexible supporting patients when required.

A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role. For example, infection control audits which identified improvements in cleanliness, record keeping audits which confirmed clear record keeping and patient feedback audits identifying appointment improvements.

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

The practice had processes in place to actively seek the views of patients who used the service and were able to provide evidence about how they took these views into account. We saw the last patient questionnaire was completed in October 2014 which had identified appointment improvements, we saw from the information provided by the practice that this had been taken into account of in the current opening hours.

The staff we spoke with told us the management team valued their involvement and that they felt engaged and said their views were reflected in the planning and delivery of the service. Staff and the provider understood the value in staff and patients raising concerns. The practice had gathered feedback from patients through patient discussions and comments received. We saw that following comments received, for example; extended opening hours and Saturday appointments had been amended as a result of this.

The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice encouraged patient testimonials and shared these with staff and patients via their website to ensure any positive feedback appropriately shared.