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Harbour Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 November 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

Harbour Dental Practice is located in the centre of Sandbach and comprises a reception and waiting room and four treatment rooms on the ground floor, and a further waiting room and two treatment rooms on the first floor. Parking is available on nearby streets. The practice is accessible to patients with disabilities, impaired mobility, and to wheelchair users.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday to Friday 9.00am to 5.30pm and Saturday 9.00am to 12.30pm. The practice is staffed by seven dentists, a practice manager, one dental hygienist, and eleven dental nurses, two of whom are trainees.

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.

We received feedback from seven people during the inspection about the services provided. Patients commented that staff were helpful, friendly, and caring.

Summary of findings

They said that they were always given good explanations about dental treatment, and that the dentists listened to them and treated them as individfuals. Patients commented that the practice was clean and comfortable.

Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the running of the practice.
- The premises and equipment were clean and secure but some areas of the practice showed signs of wear and deterioration.
- Staff followed current infection control guidelines for decontaminating and sterilising equipment, but sterilised instruments were not consistently stored in line with current guidance.
- There was evidence of deterioration in the decontamination room fixtures and fittings which did not support good infection control.

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

- Review the practice's infection control procedures and protocols having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance, in relation to the general maintenance and security of the decontamination room and the storage of sterilised instruments.
- Review the practice's waste handling procedures to ensure waste awaiting collection is stored securely in accordance with relevant regulations having due regard to guidance issued in the Health Technical Memorandum 07-01.
- Review the practice's protocols for conscious sedation, having due regard to the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015, in relation to undertaking sedation audits and interim medical emergency and life support scenarios.
- Review the complaint handling procedures to ensure opportunities for learning from complaints are fully explored.
- Review its responsibilities to ensure a Disability Discrimination Act audit is undertaken for the premises.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The provider had systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, dental radiography, the safe provision of sedation, and for investigating and learning from incidents and complaints.

Staff were appropriately recruited, suitably trained and skilled.

The practice had emergency medicines and equipment available, including two automated external defibrillators. Staff were trained in responding to medical emergencies. Staff involved in the provision of sedation were trained to a higher level in life support.

We found the equipment used in the practice, including medical emergency and radiography equipment, was maintained and tested at regular intervals.

The premises were secure and a plan was in place for the full refurbishment of the practice. There was a cleaning schedule in place identifying tasks to be completed.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

There was guidance for staff on the decontamination of dental instruments; however we found that the practice's decontamination room and the storage of instruments were not in accordance with current guidance.

Are services effective?

No action

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

The practice followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. Patients' consent was obtained before treatment was provided; and treatment focused on the patients' individual needs. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved.

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received on-going training in a variety of subjects to assist them in carrying out their roles.

Are services caring?

No action

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

Summary of findings

Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

Are services responsive to people's needs?

No action ✓

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice, in the practice leaflet, and on the practice website.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient.

The provider had taken into account the needs of different groups of people and put adjustments in place, for example, for people with disabilities, wheelchair users, and patients whose first language was not English. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

We saw that several areas of the practice showed signs of deterioration and damage, for example, wallpaper and skirting boards and were in need of repair and upgrade. The provider had a maintenance programme in place for a full refurbishment of the premises.

The practice had a complaints policy in place which was displayed in the waiting room and outlined in the practice leaflet. Complaints were investigated and responded to appropriately but we found that learning and improvement opportunities had not been fully explored in two of the three complaints received in the last 12 months.

Are services well-led?

No action ✓

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

The provider had systems and processes in place for monitoring and improving services.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely. We saw that these were regularly reviewed.

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement in the practice, for example, learning from complaints, audits, and patient feedback.

Summary of findings

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The practice held regular staff meetings, and these gave everybody an opportunity to openly share information and discuss any concerns or issues.

The practice had a management structure in place, and some of the staff had lead roles. Arrangements were in place for staff support but we found that these arrangements were not always working well. Staff reported that the provider and manager were approachable and helpful, and took account of their views.

Harbour Dental Practice

Detailed findings

Background to this inspection

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

The inspection took place on 3 November 2016 and was led by a CQC inspector assisted by a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

We informed NHS England Cheshire and Merseyside area team that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke to three dentists, the dental hygienist, dental nurses and receptionists. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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 provider had procedures in place to report, record, analyse, and learn from significant events and incidents. We saw significant events had been reported and analysed in order to learn from them, and improvements had been put in place to prevent reoccurrence.

Staff had a good understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report. The provider had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

Staff understood their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs, and in accordance with the statutory duty, are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to a medicine, or medical and dental equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The practice manager brought relevant alerts to the attention of the staff. Clinicians were able to discuss examples of recent alerts with us. We saw that copies of alerts were retained and actions taken in response to them were recorded.

Reliable safety systems and processes (including safeguarding)

We saw that the practice had systems, processes and practices in place to keep people safe from abuse.

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had a policy for safeguarding children and vulnerable adults. One of the dentists had a lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed in the treatment rooms. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns. We noted that the lead for safeguarding was trained to a higher level. The clinicians were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the clinician prior to the commencement of dental treatment, and at subsequent visits. The dental care records we looked at were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, and what was due to be carried out. The records were stored securely.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, we checked whether the dentists used dental dam routinely to protect the patient's airway during root canal treatment. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. The dentists told us that a dental dam was routinely used in root canal treatments. This was documented in the dental records we reviewed.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and resuscitation as a team and this was updated annually. The four staff involved in the provision of sedation were trained to a higher level in life support. Two of the staff were also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We noted that the provider had a further AED available on the premises. We saw records to show that the medicines and equipment were checked regularly.

Are services safe?

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental hygienist and dental nurses, to deliver care in the best possible way for patients. Eight of the dental nurses had obtained enhanced skills course in radiography and were able to take X-rays.

The practice had a recruitment policy and associated procedures in place which reflected the requirements of current legislation. The provider maintained recruitment records for each member of staff. We reviewed a number of these records and saw these contained, where appropriate, evidence of the following; qualifications, registration with their professional body, the General Dental Council, indemnity, and evidence that Disclosure and Barring checks had been carried out. Staff recruitment and employment records were stored securely to prevent unauthorised access.

The practice had a comprehensive induction programme in place. The most recently recruited member of staff confirmed an induction had taken place and described what was included in it.

Responsibilities were shared between staff, for example, there were lead roles for infection prevention and control, and safeguarding. Staff were aware of their own competencies.

Monitoring health and safety and responding to risks

The provider had systems in place to assess, monitor, and mitigate risks, with a view to keeping patients and staff safe.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice. Policies, procedures and risk assessments were regularly reviewed.

We reviewed the practice's control of substances hazardous to health risk assessment and associated procedures. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of sharps. The provider had implemented a safer sharps system for the control of used needles but some of the dentists did not use it. The provider had risk assessed this. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of this vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to mitigate the risks associated with fire, for example, two staff undertook lead role responsibilities for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. Staff were familiar with the evacuation procedures in the event of a fire.

Infection control

The practice had an overarching infection prevention and control policy in place, underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

Are services safe?

We identified a number of areas relating to infection prevention and control which did not meet current guidelines. A recently qualified member of staff had a lead role for infection prevention and control. Training specifically for this role had not been provided but had been arranged by the provider for March 2017. Two other members of staff supported the infection control lead role.

Staff undertook infection prevention and control audits six monthly. Actions were identified in the audits, and we saw that actions resulting from auditing had been carried out.

We observed that there were adequate hand washing facilities available in the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks. We observed that the handwashing sink in the decontamination room had items of dental equipment in it on the day of the inspection.

We observed the decontamination process and found it to be largely in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05).

The practice had a dedicated decontamination room. The room was easily accessible from public areas, and the door of the room was unlockable. The provider assured us this would be addressed.

The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination; however the ventilation fan which assisted with air flow was not functioning. The provider assured us this would be addressed and notified us after the inspection that the fan had been fixed. Staff used sealed containers to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging, and storing of instruments to minimise the risk of infection, and wore appropriate personal protective equipment during this process.

We observed that some of the worktops in the decontamination room were damaged and no longer prevented ingress of fluids and steam. The provider informed us that the decontamination room was due to be re-furbished and upgraded and submitted the plans for this immediately following the inspection.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in these drawers and found that the packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health. The storage of sterilised instruments was inconsistent throughout the treatment rooms and the infection control procedures did not reflect the specific storage arrangements for instruments in each of the treatment rooms. The provider assured us this would be reviewed and staff training updated.

We found some items uncovered in drawers in the treatment rooms, which could compromise infection control.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records of these checks and tests for one of the autoclaves but not all records were available for the other. The provider addressed this following the inspection.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The provider had 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 provider planned to review this assessment once re-furbishment of the practice was complete. Actions to reduce the likelihood of Legionella developing were identified in the assessment and these had been carried out by staff, for example, we saw records of checks on water temperatures. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed on a daily, weekly, and monthly basis. Cleaning of the non-clinical areas was the responsibility of a cleaner and the dental nurses were responsible for cleaning the clinical areas. 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. Cleaning equipment was not stored appropriately in accordance with current guidance.

The segregation 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. The practice had arrangements for all types of dental waste to be removed from the premises by contractors. We observed that clinical waste awaiting collection was stored externally in a temporary building; however the doors to this building were not wholly secure. The provider assured us this would be addressed.

Equipment and medicines

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

Staff showed us the recording system for the prescribing, storage, and stock control of medicines, including those used in sedation.

We saw contracts for the maintenance of equipment, and recent test certificates for the

decontamination equipment, the air compressor and the X-ray machines. The practice carried out regular current portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

We saw that the practice was storing NHS prescription pads securely in accordance with current guidance, and operated a system for checking deliveries of blank NHS prescription pads. The dentists maintained records of the serial numbers for prescriptions issued and void. Private prescriptions were printed out when required following assessment of the patient.

The practice offered intra-venous sedation for patients who were nervous about having dental treatment, or who required complex dental work. We found that the practice had put into place systems and processes in relation to the safe provision of sedation.

The practice was adhering to the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003, and was working towards meeting the guidance published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

We looked at the systems and processes the practice had implemented to support sedation. We found that patients were appropriately assessed for sedation. We saw that patients undergoing sedation had the recommended checks carried out prior to sedation. The records demonstrated that during the sedation procedure patients were monitored at regular intervals, and that appropriate procedures were in place for their discharge.

Radiography (X-rays)

We saw that the provider was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000, (IRMER), current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We saw evidence that the Health and Safety Executive had been notified of the use of X- ray equipment on the premises.

We saw a critical examination pack for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Dental care records confirmed that X-rays were justified and reported on. We saw that regular auditing of the quality of the X-ray images was taking place.

Are services safe?

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments, and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and General Dental Council guidelines. The dentists described to us how examinations and assessments were carried out. Patients completed a medical history form with details of their health conditions, medicines being taken, and allergies, as well as details of their dental and social history. The dentists then carried out an examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments 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.

We saw patients' signed treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that dentists were clear about treatment needs and options, and treatment plans were informative.

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

Health promotion and prevention

We saw that staff adhered 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. Tailored preventive dental advice, and information on diet, and lifestyle was given to patients in order to improve their health outcomes. Where appropriate, fluoride treatments were prescribed. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

We observed that staff had the skills, knowledge, and experience to deliver effective care and treatment.

New staff and trainees undertook a programme of training and supervision before being allowed to carry out any duties at the practice unsupervised.

The provider carried out staff appraisals regularly. We noted the appraisals were a two way process. Staff confirmed appraisals were used to identify training needs and to review their continuous professional development.

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

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. The practice used a variety of training methods to deliver training to staff, for example, lunch and learn sessions, external courses, and online learning. The practice had a training plan in place which outlined details of training for staff. This included the mandatory General Dental Council core topics, health and safety, and a variety of generic and role specific topics. Checks to ensure dental professionals were up to date with their core CPD were carried out by the provider. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

The provider had reviewed staff training requirements for the provision of conscious sedation. Staff were currently adhering to the standards set out in the guidelines published by the Standing Dental Advisory Committee:conscious sedation in the provision of dental

Are services effective?

(for example, treatment is effective)

care. Report of an expert group on sedation for dentistry, Department of Health 2003, but were working towards meeting the guidance published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

We saw that the staff involved in the provision of sedation participated in peer review, mentoring and the assessment of current procedures to determine where improvements could be made.

Working with other services

We reviewed the practice's arrangements for referrals. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. Clinicians referred patients to a variety of secondary care and specialist options as appropriate. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

Consent to care and treatment

The clinicians described how they obtained valid, informed, consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits, and costs.

The clinicians described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed this in the dental care records we looked at.

NHS and private treatment costs were displayed in the waiting room and on the practice website along with information on dental treatments to assist patients with treatment choices.

The dentists explained that they would not normally provide treatment to patients on their examination appointment unless they were in pain, or their presenting condition dictated otherwise. We saw that the dentists allowed patients time to think about the treatment options.

The clinicians 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. Clinicians demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

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 clinicians we spoke to had a good understanding of the principles and application of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly and helpful. The practice had a separate room available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area, and we saw that the doors were closed at all times when patients were with the clinicians. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards that staff put them at ease and made them feel relaxed.

Involvement in decisions about care and treatment

The 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. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

We saw that several areas in the practice showed signs of deterioration and damage, for example, wallpaper and skirting boards and were in need of repair and upgrade. The provider had a maintenance programme in place for re-furbishment of the premises.

We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and Saturday appointments.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

We saw that the provider gathered the views of patients when planning and delivering the service via regular patient surveys. Staff told us that patients were always able to provide verbal feedback, and this was captured and analysed by the practice. We saw that patients' views were taken into account, for example, the provider had consulted patients in relation to the practice opening times.

Tackling inequity and promoting equality

The provider had not carried out a Disability Discrimination Act audit, but had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English.

The practice was accessible to people with disabilities, impaired mobility, and to wheelchair users. Parking was available near the premises.The provider had installed a ramp at the front entrance to facilitate access to the practice for wheelchair users. Staff provided assistance should patients require it. The waiting room, reception, and four treatment rooms, were situated on the ground floor.

An area of the reception desk was at a suitable height for wheelchair users. Toilet facilities were situated on the ground floor and were accessible to people with disabilities, impaired mobility, and to wheelchair users.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing. The practice had an induction loop available.

The practice made provision for patients to arrange appointments by telephone or in person, and patients could choose to receive appointment reminders by a variety of methods.

Access to the service

We saw that patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed at the entrance to the practice, and on the practice website. Emergency appointments were available daily.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were included. The complaints procedure was outlined in the practice leaflet but not on the practice website. We saw that the three complaints received by the practice in the last 12 months were promptly investigated and responded to; however learning and improvement opportunities had not been fully explored in two of these complaints.

Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients.

The provider had arrangements in place to ensure risks were identified and managed and had put measures in place to mitigate these risks. We saw that risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback and carrying out a wide range of audits, beyond the mandatory audits for infection control and X-rays.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and electronically. Paper records were stored securely in locked filing cabinets. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service, for example, the display of information for patients in the waiting area, and staff meetings.

We saw that the provider had displayed the results from the NHS Friends and Family Test in the waiting area to inform patients.

The practice held staff meetings every month. The meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding.

The practice was managed by the provider and a practice manager, and some staff had lead roles. We saw some arrangements for supervision and support were in place in order to assist staff to undertake their roles, however these was not always functioning effectively.

Staff said they could speak to the manager or provider if they had any concerns, and that both were approachable and helpful. Staff confirmed their colleagues were supportive.

Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery. The provider had a rolling programme of auditing in place and additionally where an issue arose auditing would be carried out where appropriate to identify a solution and potential improvements. We saw that the audit process was functioning well. Audits we reviewed included equipment testing, consent, X-rays, infection prevention and control, and health and safety. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out and re-auditing used to measure improvement.

The provider gathered information on the quality of care from a range of sources, including patient feedback, surveys, the NHS Friends and Family Test and NHS Choices and used this to evaluate and improve the service.

Staff confirmed that learning from incidents, audits, and feedback was discussed at staff meetings to share learning in order to inform and improve future practice.

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

We saw that people who used the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, and carried out regular patient surveys, and looked at the results to identify areas for improvement.

A suggestion box for patient comments was also available in the waiting room. We saw that patient feedback was acted on, for example, patients had requested that the waiting room was re-furbished and the provider had put plans in place for this. The provider made NHS Friends and Family Test forms and the practice's survey forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

Are services well-led?

Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.