DM And LJ Jordan Limited

DM & LJ Jordan - Arnold

Inspection Report

Unit 1,
159 Front Street,
Arnold
Nottingham
Nottinghamshire
NG5 7EE
Tel: 0115 9670850
Website: www.mydentist.co.uk

Date of inspection visit: 20 June 2016
Date of publication: 15/07/2016

Overall summary

We carried out an announced comprehensive inspection on 20 June 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

The practice is located in premises close to the centre of Arnold on the northern outskirts of Nottingham. The practice provides mostly NHS dental treatments. There is a public car park to the rear of the practice and this includes disabled parking. There are three treatment rooms all of which are located on the ground floor.

The current provider operating under the name of Mydentist purchased the practice in September 2015. The practice is a training practice for foundation dentists. These are dentists who are in the final year of their training. They spend a year working in a practice under supervision to gain hands on experience.

The practice was first registered with the Care Quality Commission (CQC) in May 2011. The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are: Monday: 8:30 am to 5:30 pm; Tuesday 9 am to 8 pm; Wednesday: 9 am to 8 pm; Thursday: 8:30 am to 5:30 pm; Friday: 8:30 am to 5 pm and Saturday from 9 am to 12:30 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number.

Summary of findings

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.

The practice has five dentists; one dental hygienist/ dental therapist; three qualified dental nurses; one trainee dental nurse; two receptionists and a practice manager.

We received positive feedback from ten patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection. On this occasion we did not speak directly with any patients at the practice.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients provided positive written feedback about their experiences at the practice. Patients commented they were treated with dignity and respect; and dentists involved them in discussions about treatment options and answered questions.
- Patients' confidentiality was protected.
- There were systems in place to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

The practice was visibly clean and spacious.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice had systems in place for making referrals to other dental professional when it was clinically necessary.

Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Feedback from patients identified staff were friendly, polite and professional. Feedback indicated that the practice treated patients with dignity and respect.

There were systems for patients to be able to express their views and opinions.

Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

Summary of findings

The practice was located on the ground floor. There was good access for patients with restricted mobility, including level access throughout the practice. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the waiting room, and the practice leaflet.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice had a robust system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

Staff said the practice was a friendly place to work, and they could speak with a senior colleague if they had any concerns.

DM & LJ Jordan - Arnold

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 20 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector with remote access by telephone to a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with six members of staff during the inspection.

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

We reviewed policies, procedures and other documents. We received feedback from ten patients about the dental service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in June 2015 this being a minor injury to a member of staff. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although they were aware how to make these on-line.

Records at the practice showed there had been three significant events during 2016. The last recorded event had occurred in June 2016 and related to gaps in records regarding the checking of the emergency drugs. The record showed the significant events had been analysed and measures put in place to rectify the issue.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received centrally by the provider, analysed and shared with staff as appropriate. The last MHRA alert related to a batch of the emergency medicine Midazolam. Stocks of this medicine were checked in the practice and found to be unaffected.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children. The policy had been reviewed in December 2015. The policy identified how to respond to and escalate any safeguarding concerns. This included a flow chart of steps to take when safeguarding concerns were identified. Safeguarding information was on display in the staff areas of the practice. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary.

The practice manager was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to support them in fulfilling that role. We saw evidence that all staff had completed on-line safeguarding training during May and June 2016.

The practice had a policy to guide staff in the use and handling of chemicals in the practice. The policy had been reviewed and updated in December 2015 this identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The risk assessments identified the steps to take to reduce the risks including the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were available in hard copy at the practice for staff reference.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 1 April 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in December 2015. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentists handled sharp instruments. The sharps policy and flow chart was displayed in clinical areas of the practice.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were attached to the wall in clinical areas which followed the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children.

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society recommend that dentists

should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw the practice had a supply of rubber dam kits in the practice including latex free rubber dams.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. We saw there had been a problem with the system for checking and recording expiry dates of medicines. This had been reviewed and records showed that regular checking of emergency equipment was being completed by staff.

There were two first aid boxes in the practice and we saw evidence the contents were being checked regularly. One member of staff had completed a first aid at work course which was within date. A poster in the waiting room informed patients of the location of the first aid boxes and who the trained first aid staff were at the practice.

There was an automated external defibrillator (AED) held in the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

Staff at the practice had completed basic life support and resuscitation training on 20 October 2015.

Additional emergency equipment available at the practice included: airways to support breathing, masks for adults and children, manual resuscitation equipment (a bag valve mask) and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

Staff recruitment

We looked at the staff recruitment files for six staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks 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.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed. We saw that staff records complied with data protection legislation.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in December 2015. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: the decontamination processes and the use of sharps.

Records showed that fire extinguishers had been serviced in April 2016. Records showed the practice had a fire drill scheduled for June 2016. All staff also completed fire training in May and June 2016.

The practice had a health and safety law poster on display in the staff room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in December 2015. A copy of the site specific policy was available to staff in the decontamination room.

Are services safe?

Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed.. This was as recommended in the guidance HTM 01-05. The last audit was completed on 16 June 2016 and scored 84%. An action plan to address the identified areas for improvement had been developed with timescales for completion.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had spillage kits for mercury and bodily fluids which were within their use by dates.

There was a decontamination room where dental instruments were cleaned and sterilised. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. Staff demonstrated an awareness of latex allergy and alternative latex free gloves were available

We saw that instruments were being cleaned and sterilised at the practice. A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had one washer disinfector (a machine for cleaning dental instruments similar to a domestic dish washer). After cleaning instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's two autoclaves (devices for sterilising dental and medical instruments). The practice had two steam autoclaves, which were designed to sterilise unwrapped or solid instruments. However, one was faulty and arrangements had been made to replace this machine. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

We examined a sample of dental instruments that had been cleaned and sterilised, using the illuminated magnifying glass. We found the instruments to be clean and undamaged.

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in February 2016. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in April 2016. The practice also had a five year electrical safety certificate dated 9 June 2016. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in November 2015.

The practice had all of the medicines needed for an emergency situation, as identified in the British National Formulary (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

We saw that local anaesthetics at the practice were stored securely and were within their use by date.

Radiography (X-rays)

Are services safe?

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth).

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the dentists. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

Records showed the X-ray equipment had last been inspected in March 2014. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence dated 1 October 2015 confirmed this had been completed.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

The practice had completed a risk assessment for the use of each X-ray machine in the practice. Copies of the risk assessment were available to staff and for review.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. A new system known as R4 had been introduced within the month before the inspection. Dental care records contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form, or updated their details. The patient signed the medical history form to confirm their medical details. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had one waiting room. The waiting room had posters and leaflets relating to good oral health and hygiene. There were leaflets available about common treatments and conditions relating to the mouth. A flat screen television provided information and positive oral health messages. Services offered at the practice were identified and there was information for parents about caring for their children's teeth.

Children seen at the practice were offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. Discussions with dentists showed they had a good knowledge and understanding 'delivering better oral health' toolkit.

We saw detailed examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, dentists had particularly highlighted the risk of dental disease and oral cancer.

Staffing

The practice had five dentists; one dental hygienist/ dental therapist; three qualified dental nurses; one trainee dental nurse; two receptionists and a practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending.

We looked at staff training records for four staff members and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that annual appraisals were booked for all staff in July 2016. As part of the appraisal process staff completed a personal development plan to identify training needs and behaviours for the coming year. We also saw evidence of new members of staff having an induction programme.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to a local orthodontic practice if the patient required specialist orthodontic treatment.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere. This was usually to the local community dental service.

The practice referral system was monitored through a tracking system at the reception desk. We saw specific forms were available for urgent referrals where there was suspected oral cancer.

Staff said the referral system worked well and we saw evidence that referrals had been made promptly.

Consent to care and treatment

The practice had a consent policy which had been reviewed in December 2015. The policy made reference to both the Mental Capacity Act 2005 (MCA) and the Children's Act (1989). The issue of capacity was explored within the policy and this included making best interest decisions as identified in the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

Consent was recorded in the patients' dental care records. The dentists discussed the treatment plan, and explained the process, which allowed the patient to give their informed consent.

We saw how consent was recorded in the patients' dental care records. Dentists had discussed the treatment plan with the patients, which then allowed patients to give their informed consent. Dentists used the standard FP17 DC form which was the standard NHS consent form used to record consent. A copy was given to the patient and this included a copy of the treatment plan.

The consent policy made reference to obtaining consent from children under the age of 18. We talked with dentists about this and identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were polite, friendly and professional. We saw staff treating patients with dignity and respect.

The reception desk was located next to the waiting room. We asked reception staff how patient confidentiality was maintained. Staff said if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen, such as an unused treatment room. Staff said that details of patients' individual treatment were not discussed at the reception desk.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. In addition patients' dental care records were password protected and held securely.

Involvement in decisions about care and treatment

We received positive feedback from ten patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection.

The practice offered mostly NHS treatments and the costs were clearly displayed in the practice and on the practice website.

We spoke with two dentists about how each patient had their diagnosis and dental treatment discussed with them. The dentists demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

Where necessary dentists gave patients information about preventing dental decay and gum disease. Dentists had highlighted the particular risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. There were posters in the practice explaining the NICE guidelines in respect of recalls for appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in ground floor premises close to the centre of Arnold in north Nottingham. There was a public pay and display car park at the rear of the practice with up to two hours free parking. This car park included disabled parking. There were three treatment rooms all located at ground level.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this the practice made specific appointment slots available for patients who were in pain. If these slots were taken the practice offered a sit and wait system.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

Tackling inequity and promoting equality

There was an equal opportunities policy which had been reviewed in December 2015.

The practice was situated on the ground floor. This allowed patients who used a wheelchair or with restricted mobility easy access treatment at the practice. The treatment rooms were large enough for patients to manoeuvre a wheelchair.

The practice had good access to all forms of public transport with a bus stop right outside the front door. This was for a bus service to and from the city centre.

The practice had a ground floor toilet adapted for the use of patients with mobility problems. The toilet had support bars, grab handles and an emergency pull cord. Taps on the hand wash sink were lever operated. The front door of the practice opened electronically to assist patients with restricted mobility, using a wheelchair or with a pushchair.

The practice had completed an access audit in line with the Equality Act (2010) this had been reviewed and updated in March 2016. This identified the practice was compliant with legislation relate to access in the Equality Act. The practice had a portable hearing induction loop in reception to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Details were available to staff at the reception desk. We saw evidence in dental care records of a patient who had accessed an interpreter during their treatment.

Access to the service

The practice's opening hours were: Monday: 8:30 am to 5:30 pm; Tuesday 9 am to 8 pm; Wednesday: 9 am to 8 pm; Thursday: 8:30 am to 5:30 pm; Friday: 8:30 am to 5 pm and Saturday from 9 am to 12:30 pm.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 number.

The practice operated a text message reminder service with patients receiving a text two to three days before their appointment was due. .

Concerns & complaints

The practice had a complaints procedure which had been reviewed in August 2015. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was displayed in the waiting rooms, and was available on the practice website.

From information received before the inspection we saw that there had been one formal complaint received in the 12 months prior to our inspection. The complaint had been handled appropriately and an apology and an explanation had been given to the patient.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated within the twelve months before the inspection. The practice manager identified that all policies were updated on an annual basis.

We spoke with staff who said they understood the structure of the organisation. Staff said if they had any concerns there were identified staff with whom they could discuss their concerns. This included access to clinical staff if their concerns related to clinical practice. We spoke with two members of staff who said they liked working at the practice and there was a good staff team.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

There was a practice manager in post who had management qualifications and experience.

We saw that staff meetings were scheduled for once a month throughout the year. The agenda covered areas such as: infection control, and health and safety. Staff meetings were minuted and minutes were available to all staff. When there were learning points to be shared with staff we saw evidence these had been discussed and shared as appropriate.

Observations demonstrated there was a professional and welcoming attitude towards patients from staff throughout the practice. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in April 2015. The whistleblowing policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. A copy of the policy was available on any computer in the practice. A hard copy was available in the office and on the staff room notice board.

Learning and improvement

The practice was a training practice for foundation dentists. These are dentists who are in the final year of their training. They spend a year working in a practice under supervision to gain hands on experience.

We saw there was a strong culture of improvement at the practice. To achieve these audits were completed throughout the year. This was for clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: X-ray (radiographs) and dental care records,

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

The organisation had developed a management tool for recording core tasks within the practice. This included recording key information and dates for individuals and the practice. For example individual's CPD information and management tasks such as audits, safety checks and appraisals.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. There had been a technical issue with FFT data being returned to NHS England. This had affected the way that FFT information was analysed. The technical difficulties had been overcome and detailed analysis of FFT was being completed going forward.

The NHS Choices website: www.nhs.uk had seven patient reviews. These were a mixture of positive and negative

Are services well-led?

comments. However, the majority related to a time before the current provider bought the practice. Mydentist had responded to each of the patient reviews and offered the opportunity for further discussion.