Hutton Village Dental Practice Limited

Hutton Village Dental Practice

Inspection Report

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Overall summary

The inspection took place on 02 February 2015 as part of our national programme of comprehensive inspections.

Hutton Village Dental provides primary dental care for NHS and private patients. They provide a full range of dental services including conscious sedation for nervous patients.

The practice team clinical staff includes six dentists supported by ten dental nurses and one undertaking training. There is also an orthodontist and five dental hygienists. Administration staff includes a practice manager, a head receptionist and three other reception colleagues.

The practice is open Monday to Friday for appointments during the working day and evening appointments are available up to 8pm on Tuesdays and Thursdays. Some appointments are available Saturday mornings for emergencies and private patients.

Prior to our inspection we left some CQC comment cards for patients to complete about their experience of the practice. We reviewed the 32 that had been completed and all of them contained complimentary comments about the dentists, support staff and the quality of the dentistry. Parents also commented about the way explanations were given to their children and how they were put at ease.

We spoke with five patients on the day of our visit. They were all complimentary about the staff at the practice, the explanations about their care and treatment and the services provided.

Our key findings were:

- The practice had a system in place for reporting and analysing safety incidents and learning from them.
- Infection control procedures followed recommended guidance and the practice was clean and hygienic. Instruments were cleaned and sterilised correctly.
- There were sufficient numbers of staff working at the practice to meet the needs of the patients. Staff were suitably qualified and experienced to carry out their roles.
- Patients' needs were assessed and care and treatment was delivered in line with the guidance from the National Institute for Health and Care Excellence.

Summary of findings

- The practice followed an established procedure in relation to conscious sedation for nervous patients.
- Staff provided a caring service and respected patient's dignity and privacy.
- The practice provided a supportive working environment for the staff working there. Staff competency was monitored and they were provided with training and development opportunities.
- The practice had a clear management structure and staff felt involved in the way the practice was managed. Staff were aware of their responsibilities
- Patient and staff feedback was sought and acted upon where improvements had been identified.

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

- Review the process in place for monitoring the expiry dates of medicines in use at the practice.
- Review their system for receiving national patient safety alerts and information received from the Medicine and Healthcare products Regulatory Agency to ensure all clinical staff are up to date with recommended guidance.
- Ensure clinical staff are up to date with the guidance from the Department of Health in relation to the oral health toolkit.

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?

The practice had procedures that kept patients and staff safe. There were systems in place for recording accidents and significant events. Staff meetings were minuted and learning discussed. Staff had received safeguarding training and a lead person had been identified to deal with them.

Infection control procedures were robust and the premises were clean and tidy throughout. Instruments were cleaned in line with guidance issued by the Department of Health Technical Memorandum: Decontamination in primary care dental practices (HTM 01:05).

X-ray equipment in use at the practice had been serviced and maintained correctly and only operated by qualified staff. Staff had been trained to manage medical emergencies. There were sufficient numbers of staff working at the practice and all were suitably qualified. Some medicines in use at the practice were out of date. The practice's system of cascading information about medicine alerts needed improving. The system for receiving information about national safety alerts needed a review to ensure all clinicians were aware of the latest guidance.

Are services effective?

The practice carried out consultations in line with current National Institute for Health and Care Excellence (NICE) guidance. Preventative dental advice was provided to patients to help them maintain healthy teeth and prevent tooth decay. The practice was not aware of some of the Department of Health guidance in relation to preventative treatments for tooth decay.

Arrangements for providing sedation for patients who chose this met recognised guidelines from the Society for the Advancement of Anaesthesia in Dentistry (SAAD). The staff received professional training and development appropriate to their roles and learning needs. Staff that were registered with the General Dental Council (GDC) were supported in their continuing professional development (CPD) and were meeting the requirements of their professional registration.

All staff received appraisals at the practice except the practice manager. Staff were aware of the guidance in the Mental Capacity Act 2005 for those patients who may not have had the capacity to make treatment decisions. Staff were trained appropriately and a robust recruitment process was in place including a programme of induction for new staff.

Are services caring?

We collected 32 completed CQC patient comment cards and spoke with five patients during the inspection. We looked at comments left by patients about the practice in a compliments book and from feedback via their website. All of the information we received from patients reflected that this was a caring practice. Patients were complimentary about the friendliness and professionalism of staff, the care and treatment they received and the standards of cleanliness at the practice.

Patients receiving conscious sedation treatment were appreciative of the understanding they were shown and the time spent with them explaining the procedures, including the reassurance they received. Patients were treated with dignity and respect and their privacy was maintained. Explanations about care and treatment were clear and followed up with a written treatment plan. Staff were aware of the need to maintain patient confidentiality. Patients felt involved in decisions about their care and treatment.

Summary of findings

Are services responsive to people's needs?

NHS and private dental treatment was available at the practice and it met patients' needs. The appointment system was effective and patients were satisfied with it. Patients could obtain emergency appointments on the same day and on Saturday mornings. The practice was open two evenings each week until 8pm. The practice was accessible for patients with a disability or limited mobility and parking for them was available on site. Comments and complaints were dealt with effectively and where ideas for improvement had been identified these were actioned. The practice responded to patient views from the feedback they received.

Are services well-led?

The practice had a clear leadership structure with the lead dentist being responsible overall. They were supported by a practice manager, a lead decontamination nurse and a reception manager. Staff were aware of their roles and responsibilities and how they impacted on the overall vision of the practice. Regular team leader meetings took place in addition to full staff meetings. The services they provided were assessed and monitored regularly through the use of audits.

The practice had a system for managing information governance and were registered with 'Investors in People,' a process that supported the practice to empower their staff and improve performance. Staff were encouraged to identify improvement areas at team meetings or informally. Training and development was available and performance was monitored. Patients were encouraged to provide feedback by completing a comments book available at reception and from the website. Systems in place to monitor expiry dates of medicines required reviewing.

Hutton Village 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

- This inspection was carried out on 02 February 2015 by a lead inspector from the Care Quality Commission and a dental specialist advisor
- Prior to the inspection we reviewed information that we held about the provider. We also viewed information that we asked the provider to send us in advance of the inspection. This included their statement of purpose, a record of their complaints and how they dealt with them.
- We informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.
- During the inspection we spoke with two dentists, two dental nurses, the practice manager and two receptionists. We also observed staff interaction with patients. We looked around the premises and the dental surgeries. We spoke with several patients to obtain their views about the staff and the services provided. We reviewed a range of policies and procedures and other documents.
- We viewed the feedback given by patients on comment cards that we left for them to complete prior to the inspection. We read the compliments made by patients in a book at reception and from feedback forms submitted through their website.

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

Learning and improvement from incidents

The practice had systems in place to learn and improve when significant events, accidents and near misses took place. This included how the incidents were to be recorded, analysed and investigated. Staff had ready access to an incident report form and were encouraged to report any issues even if they were of a minor nature.

We looked at three incidents that had occurred over the last 12 months. We found that they had been recorded, analysed and areas for improvement identified. Team meetings were used to cascade learning to staff to reduce the risk of a recurrence and minutes had been recorded. Complaints and incidents were a fixed agenda item. There were several types of meeting that took place including a dentists meeting, a dental nurses meeting and full staff meetings. The practice also used a group email to notify staff of any immediate issues.

Staff spoken with confirmed to us that there was an effective communication system between them all so that learning and improvements could be made available to them. Learning opportunities had been cascaded to them either through email, written memos or at team meetings.

Reliable safety systems and processes (including safeguarding)

The practice had appointed a lead for safeguarding who had received appropriate training to manage safeguarding issues at the practice. A safeguarding policy was in place for staff to follow.

All staff at the practice had received training in the safeguarding of vulnerable adults and children and were aware of the procedures to follow. They knew the signs of abuse and how to report any suspected incident. A list of contacts and telephone numbers of external support organisations were available for staff to access if they needed to seek advice. Staff we spoke with told us that they were encouraged and supported to raise any issues and the practice had a no blame culture.

Staff had received whistle blowing training and staff we spoke with told us that they felt confident to raise any issues at the practice without fear of discrimination. They also knew how to report such incidents to organisations outside of the practice.

National patient safety alerts and notifications from the Medicine and Healthcare Regulatory Agency were acted on appropriately and cascaded to relevant staff. On receipt of information by the practice manager, these were forwarded to clinical staff so they were aware of the most up to date and effective treatment and medicines to keep patients safe.

However we did find that one of the dentists was not aware of one such change in medicine guidance. This related to the use of antibiotics for patients receiving treatment that also had a heart condition who were undergoing a tooth extraction. We pointed this out to the lead dentist on the day of our visit and they have agreed to improve their system to ensure that updated guidance is acted upon and understood by all clinical staff.

Patients attending the practice were asked to complete a medical history form that detailed their medical conditions, medicines being taken and any allergies. This was then checked by the dentist with the patient and reviewed at subsequent appointments. This ensured that the dentist was aware of all medical considerations prior to providing care and treatment. After two years a new form was completed by each patient and again checked by the dentist.

Patients receiving conscious sedation treatment were required to attend the practice for a detailed consultation several days before receiving it. This consultation checked the patient's medical history and any allergies they may have to ensure it was safe to proceed. On the day of our inspection, we spoke with three patients after their consultations and we were satisfied that their safety had been considered.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us that they had rubber dam kits available for use when carrying out endodontic (root canal) treatment and staff confirmed that they used these.

The practice was aware of the criteria to report certain accidents to the Health and Safety Executive. A system and recording procedure was in place for this purpose.

Are services safe?

The practice had a business continuity plan that identified the steps to take if there was an emergency which affected the provision of services.

Infection control

An infection control lead had been appointed at the practice and this was the one of the dental nurses, who had received appropriate training. A written infection control policy was in place for staff to follow, including an infection control risk assessment. All clinical staff at the practice had received infection control training.

The policy covered a range of areas including the cleaning and sterilisation of dental instruments, needle stick injury procedures, the general cleaning of the practice and the storage and disposal of clinical waste.

An infection control audit had been carried out every six months in line with the guidance from the Department of Health and we viewed the last three that had been undertaken. The audits reflected that the practice had achieved a score of 98% in their infection control procedures. Where areas for improvement had been identified these had been actioned.

The practice had two dedicated decontamination rooms that were set out according to the

Department of Health's guidance, Health Technical Memorandum 01:05 (HTM 01:05):

Decontamination in primary care dental practices. On the day of our inspection we checked both decontamination rooms.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01:05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures.

The practice cleaned their instruments using a washer/disinfector prior to the sterilisation process. Once cleaned they were examined visually with a magnifying glass and then sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. If instruments were not sealed and packaged they were used in a clinical area on the same day and if not used that day, they were put through the cleaning and sterilising process again. This was in line with the recommendations from the Department of Health.

The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear. There were signs available in both decontamination rooms to remind staff of the procedures to follow.

The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of visual checks and decontamination cycles. However we did find some gaps in relation to the start and end of day routine checks on the equipment in use. We pointed this out to the practice when we visited and they have agreed to remind staff of the procedures to follow in the near future.

All other areas of the practice were clean and well maintained. Sharps bins were properly sited, signed and dated. Hand washing techniques were clearly displayed and liquid soaps and paper towels were readily available.

Staff were well presented and we were told wore clean uniforms daily. Clinical staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation.

Cleaning schedules were in place for the decontamination room, the dental surgeries and the general premises. The Control of Substances Hazardous to Health (COSHH) guidelines were being followed in relation to cleaning procedures and materials. A contracted cleaner was employed for the general areas of the practice, checklists were being used and maintained and the quality of the cleaning was being monitored with feedback given when required. Clinical waste was segregated, stored and disposed of by a professional contractor.

A legionella risk assessment and testing of the water systems had taken place recently and they were found to be safe for patients and staff. Legionella is a bacterium that can grow in contaminated water and can be harmful.

The practice used bottled water for their dental unit water lines rather than the mains supply and this helped keep patients safe from the risk of legionella. The practice

Are services safe?

followed guidance from the manufacturer by changing the water daily and using a chemical that ensured the water was of a safe quality to be used on patients. The dental nurse spoken with on the day of our inspection told us they did not flush the system through at the start and end of each day and after each patient had been treated. This remains a requirement despite the use of the chemical. The practice have agreed to ensure all clinical staff are made aware of the correct procedures to follow in the surgeries.

Clinical waste was stored safely in a secure area and collected by a waste management contractor and correct procedures were followed.

Dental surgeries were clean, tidy and uncluttered. Cleaning schedules and checklists were in place for each surgery and records kept. The flooring was designed so that it could be cleaned easily. Dental chairs were in a satisfactory condition but we did find one chair with tears in it. This was pointed out to the practice on the day of our visit and they have agreed to take appropriate action. The chairs were also covered partially with a protective plastic cover that allowed for easy cleaning.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines.

We looked at the maintenance records for the autoclave, washer/disinfector/ and compressor in use at the practice and found that they had all been serviced at appropriate intervals. Portable appliance testing (PAT) had taken place on electrical equipment. Fire extinguishers were checked and serviced regularly and the fire alarm had been recently inspected and tested.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

Medicines in use at the practice were stored and disposed of in line with published guidance. Staff had ready access to them and they were in a locked area. We checked the medicines being used at the practice and found them to be in date, but we did find some out of date vials of local anaesthetic in one of the surgeries. They had expired in October 2014. We pointed this out to the practice on the day of the inspection and they agreed to replace them immediately.

There were sufficient medicine stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Personal protective equipment (PPE) was readily available for staff to use and in sufficient quantities. Staff assured us they wore it when cleaning and sterilising instruments and when treating patients. Patients we spoke with confirmed that clinical staff wore PPE when treating them.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This covered the risk to patients and staff who attended the practice. Regular health and safety visual checks took place at the practice to ensure the environment was safe for both patients and staff, but these were not recorded. Where issues had been identified remedial action had been taken in a timely manner.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, fire evacuation procedures and risks associated with Hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

The practice had an induction process for all new staff members and this included familiarisation with health and safety issues.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. The dentists and staff were all qualified in basic life support including the use of a defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Training was kept under review and refresher courses took place annually.

Are services safe?

Emergency medicines and oxygen were readily available if required. This was in line with guidance from the British National Formulary. A defibrillator was also available if required. This was in line with the 'Resuscitation Council UK' guidelines.

Emergency medicines were all in date, stored correctly and their expiry dates monitored. The latest guidance was being followed about the types of emergency medicines that should be available in the event of a medical emergency. However we did find that aspirin was not in dispersible form but the practice agreed to change this in the near future.

Staff spoken with told us they had received basic life support training and displayed an awareness of how to respond to an emergency. They knew the location of all the emergency equipment in the practice and how to use it.

Staff recruitment

The practice had an up to date recruitment policy that included the requirement to obtain references, check qualifications and experience, and be registered with an appropriate professional body and to obtain proof of identity. Checks were also made with the Disclosure and Barring Service to ensure staff were safe to work with children and vulnerable adults. It also included the requirement for new staff to go through an induction process to familiarise themselves with the way the practice ran, before being allowed to work unsupervised.

We viewed two staff files on the day of our inspection and found that they contained relevant documentation in line with the practice recruitment policy.

Dentists and dental nurses working at the practice were all registered correctly with their professional body and had the necessary qualifications, skills and experience to work there. Training certificates were in place in their personal files to evidence qualifications and experience.

Radiography (X-rays)

The practice maintained a comprehensive radiation protection folder. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. The folder contained details of those qualified staff and evidence of their training. All staff working at the practice had been required to sign to indicate that they understood the correct procedures and the local rules relating to the use of X-ray equipment. This kept staff and patients safe from unnecessary radiation exposure.

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. X-ray equipment had their own individual local rules relevant to their use and location. We viewed documentation that demonstrated that the X-ray equipment was serviced and calibrated at the recommended intervals.

The practice audited the quality of the X-rays every six months and this was undertaken by a clinical member of staff who had been appropriately trained. Records were being maintained. This ensured that X-rays were of the required standard and this reduced the risk of patients being subjected to further unnecessary X-rays.

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant. Staff at the practice wore dosimeters which recorded the levels of radiation that they were exposed to and this was monitored. The levels recorded reflected that staff were being protected from the risk of radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The practice had a consent policy for staff which described the different types of consent that could be taken, including written and verbal. This policy had been signed by staff to show that they had understood it. It explained how to take consent from a patient if their mental capacity was such that they might be unable to fully understand the implications of their treatment. This followed the guidelines of the Mental Capacity Act 2005.

Staff we spoke with had a clear understanding of consent issues. All staff understood that consent could be withdrawn by a patient at any time. We asked about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence and is a test used to help assess whether a child has the mental capacity to make their own decisions and to understand the implications of those decisions. Staff were aware of the procedures to follow.

Consent forms were available for patients receiving conscious sedation and this consent was recorded in writing. Patients were given time to consider the procedure before being asked for their consent and a delay between consultation and treatment was built in so that a patient could fully consider their options.

The practice had a small number of patients with learning difficulties but clinical staff were aware of the procedures to follow if this situation arose. They told us that additional time was given to such patients so they could explain procedures in a way they understood whilst at the same time assessing their capacity to understand the treatment.

Monitoring and improving outcomes for people using best practice

Patients attending the practice for a consultation received an assessment of their dental health after supplying a medical history covering health conditions, current medicines being taken and whether they had any allergies. There was also consideration made whether the patient required an X-ray and whether this might put them at risk, such as if a patient may be pregnant.

The assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues 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.

Following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. A diagnosis was then discussed with the patient and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as prescribing dental fluoride treatments.

We did find however that dentists were not following NICE guidelines for antibiotic prescribing issued in 2008 in relation to the prescribing of antibiotics for patients with a certain heart condition undergoing a tooth extraction. In addition neither dentist spoken with was aware of the guidance in relation to fluoride varnishing treatment for patients with high levels of tooth decay. We discussed this with the practice on the day of our visit and they have agreed to review their systems to ensure they remain up to date with current guidance.

The practice had nervous patients referred to them from other practices that required conscious sedation. Prior to the treatment being received, patients underwent a consultation to assess their dental and support needs. This included checking their medical history and explaining the treatment to the patient. We looked at the type of consultation they received and also spoke with three patients who had received one. We found that they had been assessed in line with NICE guidance.

Working with other services

The practice offered conscious sedation to nervous patients. As well as providing this service for their own patients, they were also referred from other practices that did not undertake the procedure. This took the form of a written referral. Once patients had been assessed and treated, they were followed up by their own practice in the long term. This involved updating their practice by letter about the treatment they received.

Are services effective?

(for example, treatment is effective)

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products that patients could purchase that were suitable for both adults and children.

The dentists we spoke with confirmed that adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing and flossing techniques were explained to them in a way they understood and dietary advice was also given. Patients at high risk of tooth decay were identified and advised to use toothpaste with high fluoride levels to keep their teeth in a healthy condition. The CQC comment cards that we viewed reflected that parents were satisfied with the services provided for their children and they had made positive comments about the advice they received.

We did find however that the dentists at the practice were not aware of the guidance from the Department of Health known as the Oral Health Toolkit. This describes a treatment option of applying a fluoride varnish to the teeth of children and adults at high risk of tooth decay. The practice has agreed to refresh their knowledge of this guidance in the near future.

The practice website contained useful information about preventive dentistry, including dental hygiene, tooth decay, preventing gum disease, the benefits of attending for regular consultations and visits to the oral hygienist.

Staffing

The practice employed six full time dentists, supported by dental nurses. The ratio of dentists to dental nurses was one to one. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels.

A member of staff had been identified as the head receptionist and was responsible for issues relating to reception staff. This included ensuring that appraisals were carried out and training was relevant and current. Reception staff were appropriately trained to carry out their duties and training was the subject of regular monitoring at the practice. All staff had received training in basic life support.

All staff at the practice had received annual appraisals except the practice manager. This was pointed out on the day of our inspection with the lead dentist. Staff spoken with felt supported and involved in the appraisal process. They were given the opportunity to discuss their training and career development needs and were graded on their performance. Staff spoken with felt the process was fair and they felt valued. They told us that managers were supportive and always available for advice and guidance.

Staff new to the practice went through a role specific induction process to ensure they were familiar with the way the practice ran, before being allowed to work unsupervised.

Staff numbers were monitored and identified staff shortages were planned for in advance wherever possible. On rare occasions, locum dentists and nurses were used at the practice due to staff shortages. A system was in place with a local dental agency that supplied qualified and experienced clinical staff with supporting references to ensure only suitable staff were sent to them. These locums were required to undertake an induction process to familiarise themselves with the practice procedures.

Staff had access to the practice computer system which contained information that further supported them in the workplace. This included current dental guidance and good practice. Staff meetings were used to seek feedback from staff about possible improvement areas.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. Although the reception area was open plan we were told that when a confidential issue arose patients could be taken to a private room to discuss it. At the reception desk a small card was available for patients to show to staff if they had a private matter to discuss. It read 'I would like to speak to someone in private.' This allowed them additional privacy from patients who might otherwise hear their request being spoken.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and their conditions and the secure handling of patient information.

Patients we spoke with felt that practice staff were kind and caring. They told us they treated them with dignity and respect and were helpful. Patients who were nervous about seeing the dentist were reassured to make their experience less stressful. We spoke with several patients who were due to receive conscious sedation in the near future. They told us that clinical staff had supported them in the consultation process and treated them kindly, helping them understand the procedures and putting them at ease.

Many positive comments had been received by the practice in a comments book held at reception, from forms completed via their website and on the NHS choices website.

Involvement in decisions about care and treatment

Patients spoken with felt involved with their care and treatment. They told us that the clinical staff provided them with clear explanations about the consultation and the options for treatment. They said that they felt listened to and did not feel rushed. Costs were made clear to them and they were given time to decide about the proposed treatment.

For those patients receiving treatment using conscious sedation, they were given the opportunity to consider all the explanations about their care and treatment before being asked for their consent. This treatment was always several days after a consultation to ensure patients had sufficient time to make a decision. Patients were made aware that they could withdraw their consent at any time.

The practice provided NHS and private dental treatment. Each patient was provided with a written treatment plan that covered the treatment involved and the costs. NHS patients also received a written treatment plan on the standard NHS form for the purpose.

The various forms of feedback received by the practice and the comments left for us by patients reflected that patients felt involved in the decisions about their care and treatment and that it had been explained to them in a way they understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice information leaflet and website described the staff working there and explained the range of services offered to patients. Clinical staff were named on the leaflet, including their qualifications and registration details held by the General Dental Council. Patients were also encouraged to raise any complaints if they wished with the named person shown on the practice leaflet or by contacting them through their website.

The practice offered both NHS and private treatment and the costs of each were clearly displayed in the reception area and on the practice website. The website provided information on the services provided including a newsletter to keep patients informed about dental matters.

Patients new to the practice were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs. This included a medical history form which was updated at subsequent visits.

Although the practice had not undertaken a recent patient survey, patient views had been sought in other ways. A comments book was available for patients to complete and many had taken the opportunity to praise the practice for the services provided and the staff. In addition feedback was regularly received and considered having been received from their own website process as well as from the NHS Choices website. Patients were encouraged to provide feedback via their website with the offer of being entered into a prize draw if they replied.

The practice had maintained a record of all the comments received and these demonstrated that patients were very satisfied with the practice and the staff working there.

Tackling inequity and promoting equality

The practice was accessible and spacious for those patients with mobility issues or using wheelchairs or mobility scooters. A support rail and ramp were available for use at the entrance to the practice. The waiting room was spacious. Patients with disabilities were asked about their needs when booking appointments and surgeries on the ground floor were allocated to them.

Access to the service

The practice was open Monday to Friday during normal working hours with late night appointments until 8pm on Tuesdays and Thursdays. Saturday appointments were available for private patients and for emergencies.

Patients we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting.

The arrangements for obtaining emergency dental treatment were clearly displayed in the waiting room area, on the practice leaflet and the website. Staff we spoke with told us that patients requiring an urgent appointment were seen on the same day if the practice was open.

Concerns & complaints

The practice had a complaint procedure that was advertised on the practice website and in the reception area. The practice leaflet identified who to discuss complaints with at the practice or how to use the website to raise an issue. The procedure explained to patients the process to follow, the timescales involved for investigation, the person responsible for handling the matter and details of other external organisations that a complainant could contact. It also covered any learning and how this would be cascaded to staff.

We looked at one complaint that had been received in the last 12 months. We found that it had been recorded, investigated and discussed with the complainant. Steps had been taken to resolve the issue to the patient's satisfaction and this matter was still in progress.

The practice had a compliments/comments book for the use of patients in the reception area that could be used for raising minor issues. We noted that the entries were all positive.

Patients we spoke with on the day of our inspection had not had any cause to complain but felt that staff at the practice would treat any matter seriously and investigate it professionally.

Are services well-led?

Our findings

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff spoken with were aware of this vision and how they contributed to it. Clinical leads had been identified and staff were aware of who they were and their own responsibilities. Staff told us that their job descriptions and roles were linked to the values of the practice and enabled them to provide effective care and treatment in line with the overall vision.

Staff told us that there was an atmosphere of openness and transparency and a 'no blame' culture. They told us they were encouraged to raise issues and concerns in order to make improvements. They felt included in the day to day management of the practice and thought that the leadership was effective.

It was evident that there was a clear leadership structure with regular monitoring and assessment of the services provided, with support being provided to staff. The lead dentist was responsible for the practice as a whole, supported by a practice manager, lead dental nurse and a reception manager. This provided several tiers of monitoring and supervision. Regular manager and staff meetings contributed to an exchange of information where management issues were regularly discussed.

Staff did comment that on occasions they felt that they were not updated on the future of the practice, particularly in relation to plans to move and expand. We did note from the minutes of a staff meeting that staff had been informed so the practice have agreed to clarify the current position with their staff.

Governance arrangements

The practice had identified a number of lead roles in relation to governance. These included health and safety, information governance, infection prevention and control, safeguarding, and complaint handling.

The practice started using the information governance tool kit for dental practices in October 2014. This is an online system which allows NHS organisations to assess themselves against Department of Health Information Governance policies and standards. The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. The practice had not been graded at the time of this report.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. A system had been recently introduced to ensure that staff had read the policies and signed and dated that they had understood them.

The practice also used a dental patient computerised record system and all staff had been trained. This enabled dental staff to monitor their systems and processes and to improve performance.

The practice undertook a range of audits including infection control, patient record keeping, X-ray quality, complaints, general cleaning quality and an appointment audit. Where areas for improvement had been identified these had been actioned in a timely manner and discussed at staff meetings. A system of re-audit was in place to assess whether the improvements had been maintained.

The practice had a system in place to monitor medicines in use at the practice. However we found some out of date local anaesthetic in one of the drawers in a surgery. This was removed on the day of our inspection. The practice agreed to review their medicines monitoring process.

We looked at the patient record keeping audit and found that each dentist had been assessed on the standard of their record keeping. We found that improvements had been made since the last audit 12 months beforehand.

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

The practice had not conducted a recent patient survey but sought feedback from patients regularly through other means.

A comments book was available in reception and patients had used it on a regular basis. We read the many entries recorded and they were all positive about the staff and the services provided. Patients were also encouraged to provide feedback via forms on their website. We viewed several of those that had been submitted and they too were all positive. The practice also monitored the NHS Choices website and had printed off the positive comments that had been made by patients.

Are services well-led?

The practice also reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The methods in use for obtaining feedback reflected that patients were extremely satisfied with the services provided and the staff working there. They were complimentary about the clinical and non-clinical staff, the politeness of reception staff, the quality of the dentistry and the cleanliness of the practice.

Staff we spoke with told us their views were sought at appraisals, team meetings and informally. They told us their views were listened to, ideas adopted and they felt part of a team.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of care and treatment with an ethos of continuous learning and improvement. Staff at the practice were all working towards a common goal to deliver high quality care and treatment.

The practice was registered with Investors in People which is a management framework for high performance through their staff. Their performance in relation to this process was monitored externally and they had recently received a silver accreditation which reflected that they had gone beyond a standard performance measurement.

The practice was also a member of the British Dental Association (BDA) Good Practice Scheme and was able to demonstrate a visible commitment to providing quality dental care to nationally recognised standards. Practices taking part are kept up-to-date with current requirements in order to provide the best care for their patients. The practice was assessed by the BDA in January 2015 and had received a certificate that reflected they had met the Good Practice standard for patient care.

Staff meetings were used to discuss performance issues and a regular cycle of audits took place across clinical and non-clinical areas.

Communication between the staff members was effective and a variety of systems were used to ensure that safe processes were in place and learning cascaded. These included staff meetings, informal discussions and the computerised software system in use at the practice.

Complaints were treated professionally and with learning in mind and changes in procedures made if required.