

Tarporley Dental Centre Limited

Tarporley Dental Centre Limited

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 November 2016 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Tarporley Dental Practice Limited is located close to the centre of Tarporley. The practice has three treatment rooms and two waiting areas. Reception, one waiting area and one treatment room are situated on the ground floor. A further waiting area and two treatment rooms are situated on the first floor, accessed by a flight of stairs. There are patient toilet facilities on both floors. There is one step at the front entrance to the practice with a handrail positioned alongside to assist patients with mobility difficulties. At the rear entrance to the practice the provider has installed a ramp to facilitate access to the practice for wheelchair users. Parking is available outside the premises and in car parks nearby.

The practice provides general dental treatment to patients on a privately funded basis. The practice opening times are Monday to Friday 8.45am to 5.15pm. The practice is staffed by three dentists, seven dental nurses, and two receptionists.

One of the principal dentists 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.

Summary of findings

We received feedback from 50 people during the inspection about the services provided. Patients commented that they found the practice excellent and well organised, and that staff were professional, friendly, and caring. They said that they were always given good and helpful explanations about dental treatment, and that the dentists listened to them. Patients commented that the practice was clean and comfortable.

Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the processes to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies; and emergency medicines and equipment were available.
- The premises and equipment were clean, secure and well maintained.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.
- Staff followed current infection control guidelines for decontaminating and sterilising equipment; however not all routine testing was being carried out on the sterilising equipment. These tests were put in place immediately following the inspection.

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

- Review the practice's infection control procedures and protocols having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance, specifically in relation to the storage in clinical areas of instruments which are no longer used.
- Review the practice's procedures for undertaking domiciliary visits.

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

Staff were appropriately recruited, suitably trained and skilled.

The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in responding to medical emergencies.

The premises were secure and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

There was guidance for staff on the decontamination of dental instruments which they were following.

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

We found the medical emergency and radiography equipment was well maintained and tested at regular intervals. Some of the routine tests were not being carried out on the sterilising equipment in accordance with current guidance. The provider put these tests in place immediately following the inspection.

No action



Are services effective?

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

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

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

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

No action



Are services caring?

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

No action



Summary of findings

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

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

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

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

Are services responsive to people's needs?

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

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

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

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

The provider carried out treatment for patients in their own homes and in a local care home where patients were unable to attend the practice in person.

The practice had a complaints policy in place which was displayed in the waiting room and outlined in the practice leaflet, and on the practice website. Complaints were thoroughly investigated and responded to appropriately.

No action



Are services well-led?

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

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

The practice had a management structure in place, and some of the staff had lead roles. Staff reported that the provider was approachable and helpful, and took account of their views.

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

No action



Summary of findings

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

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

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

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Detailed findings

Background to this inspection

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

The inspection took place on 15 November 2016 and was led by a CQC Inspector assisted by a dental specialist adviser.

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

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

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider had procedures in place to report, record, analyse, and learn from significant events and incidents but no significant events had taken place at the practice. We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

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

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

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

Reliable safety systems and processes (including safeguarding)

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

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

The provider had a policy for safeguarding children and vulnerable adults. One of the dentists had a lead role for safeguarding and provided advice and support to staff

where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed in the treatment rooms. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns. We noted that two of the dentists had undertaken a six month course leading to a qualification in safeguarding.

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

We reviewed the provider's protocols for endodontic treatment. We saw that the dentist followed current guidelines when providing endodontic treatment.

One of the dentists carried out visits to provide dental care and treatment to patients in a local care home and to patients living in their own homes who were unable to attend the surgery due to, for example, medical conditions. The provider did not have a policy in place in relation to working safely in patient's own homes but following the inspection put in place revised arrangements which addressed safety aspects of domiciliary visits.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and life support as a team and this was updated annually. The provider did not have arrangements in place for staff to practice together regularly as a team in simulated emergency situations but staff described to us how they would respond to a variety of medical emergencies. One of the staff was also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the

Are services safe?

dental team. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We saw records to show that the medicines and equipment were checked regularly.

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

Staff recruitment

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

Staff recruitment and employment records were stored securely to prevent unauthorised access.

The provider had a comprehensive induction programme in place. Staff confirmed an induction had taken place and described what was included in it.

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

Monitoring health and safety and responding to risks

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

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

We reviewed the practice's control of substances hazardous to health risk assessment and associated procedures. Staff maintained records of products used at the practice, for example dental materials and cleaning products, and retained manufacturer's product safety details to inform

staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

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

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

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

Infection control

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

One member of staff had a lead role for infection prevention and control and provided guidance to staff where required.

Are services safe?

Staff undertook infection prevention and control audits six monthly. Actions were identified in the audits, where appropriate. We saw that these actions had been carried out.

We observed that there were adequate hand washing facilities available in the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

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

The practice had a dedicated decontamination room which was accessible to staff only. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed containers to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging, and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in these drawers and found that the packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health. We found several instruments which were not stored suitably in accordance with HTM 01-05. The provider informed us these instruments were no longer in use and disposed of them.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw some records of these checks and tests however not all checks being carried out were recorded or performed correctly, for example, the test to verify the steriliser was operating effectively and the visual inspection of the sterilisers. The provider put these into place immediately following the inspection.

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

The provider had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The provider reviewed the assessment annually. Actions to reduce the likelihood of Legionella developing were identified in the assessment and these had been carried out by staff, for example, we saw records of checks on water temperatures. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

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

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. Cleaning of all areas of the practice was the responsibility of a cleaner. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. We observed that cleaning equipment was not stored appropriately; however the provider addressed this immediately after the inspection.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. We observed that clinical waste awaiting collection was stored securely. Spillage kits were available for contaminated spillages.

Equipment and medicines

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

Staff showed us the recording system for the prescribing, storage, and stock control of medicines.

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

Are services safe?

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

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

Radiography (X-rays)

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

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

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

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

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

Dental care records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

We checked dental care records to confirm what was described to us and found that the records were complete, clear, and contained sufficient detail about each patient's dental treatment. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

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

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

Health promotion and prevention

We saw that staff adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. Tailored preventive dental advice, and information on diet, and lifestyle was given to patients in

order to improve their health outcomes. Where appropriate, fluoride treatments were prescribed. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

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

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

The provider carried out staff appraisals regularly for all staff. We noted the appraisals were a two way process. Staff confirmed appraisals were used to identify training needs.

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

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

Working with other services

We reviewed the practice's arrangements for referrals. Dentists were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. Dentists referred patients to a variety of secondary care and specialist options as appropriate. Information was shared appropriately when patients were

Are services effective?

(for example, treatment is effective)

referred to other health care providers. Urgent referrals were made in line with current guidelines. Letters received back relating to the referral were first seen by the dentists to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

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

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

Treatment costs were displayed in the waiting room along with information on dental treatments to assist patients with treatment choices.

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

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Clinicians demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff had a good understanding of the principles and application of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice was well maintained and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained to a high standard.

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

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

We saw that the provider gathered the views of patients when planning and delivering the service via comprehensive patient surveys. Staff told us that patients were always able to provide verbal feedback, and this was captured and analysed by the practice. We saw that patients' views were taken into account, for example, the provider told us patients had requested a ground floor surgery and one had been provided.

Tackling inequity and promoting equality

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

The practice was accessible to people with disabilities, mobility difficulties, and to wheelchair users. Parking was available outside the premises. The provider had installed a

ramp at the rear entrance to facilitate access to the practice for wheelchair users. Staff provided assistance should patients require it. The waiting room, reception, and one of the treatment rooms, were situated on the ground floor.

An area of the reception desk was at a suitable height for wheelchair users. Accessible toilet facilities were situated on the ground floor.

The practice offered interpretation services to patients whose first language was not English and to patients with hearing difficulties. One of the staff was trained in the use of British sign language.

The practice made provision for patients to arrange appointments by telephone or in person, and patients could choose to receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw that patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were not displayed at the entrance to the practice, but were provided in the practice leaflet, and on the practice website. Emergency appointments were available daily and several patients confirmed in CQC comments cards that they were always seen promptly in emergencies.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room, outlined in the practice leaflet and on the practice's website. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were included. We saw that complaints were promptly and thoroughly investigated and responded to. Staff told us they raised any formal or informal comments or concerns with the provider to ensure responses were made in a timely manner.

Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found these were operating effectively.

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

The provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback, carrying out a wide range of audits, beyond the mandatory audits for infection control and X-rays, and the analysis of complaints. We saw that these arrangements were working well.

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

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

The practice was a member of two practice accreditation schemes. Accreditation schemes require a commitment by a practice to provide dental care to nationally recognised standards.

Leadership, openness and transparency

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

Results from the patient surveys were available to patients via one of the accreditation scheme's website.

The practice held staff meetings regularly. The meetings were scheduled in advance to maximise staff attendance.

We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding.

The practice was managed by the provider and some staff had lead roles, for example in safeguarding and complaints. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities.

The provider operated an open door policy. Staff said they could speak to the provider if they had any concerns. Staff confirmed their colleagues were supportive.

Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery. We saw that the audit process was functioning well. Audits we reviewed included X-rays, infection prevention and control, and record keeping. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out and re-auditing used to measure improvement.

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

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

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

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

Staff told us that patients could give feedback at any time.

Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.