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Crown Bank Family Dental Health Centre

Inspection Report

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Date of inspection visit: 20 September 2016
Date of publication: 28/10/2016

Overall summary

We carried out an announced comprehensive inspection on 20 September 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

Crown Bank Family Dental Health Centre is located in the centre of Sandbach and comprises a reception room, waiting room and two treatment rooms on the ground floor, and two further treatment rooms, offices, storage and staff rooms on the upper floor. Parking is available on nearby streets and in car parks. The practice is accessible to patients with disabilities, impaired mobility, and to wheelchair users.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday 8.30am to 5.00pm, Tuesday to Thursday 9.00am to 5.00pm, and Friday 8.30am to 4.00pm. The practice is staffed by a principal dentist, a business manager, two practice managers / dental nurses / receptionists, an associate dentist, a dental therapist and four dental nurses who are also receptionists.

The principal dentist is registered with the Care Quality Commission as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from 29 people during the inspection about the services provided. Patients commented that they found the practice well organised,

Summary of findings

and that staff were friendly, and extremely caring and attentive. They said that they were always given thorough, clear explanations about dental treatment, and that the clinicians listened to them and provided excellent treatment. Patients commented that the practice was clean and very comfortable.

Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- The premises and equipment were clean, secure and maintained to a high standard.
- Staff followed current infection control guidelines for decontaminating and sterilising equipment.
- 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.

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

- Review the storage of archived paper dental care records to ascertain whether an improvement to their security is possible without breaching health and safety requirements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The provider had robust and effective 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, the management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints.

Staff had received training in safeguarding adults and children, knew how to recognise the signs of abuse, and who to report them to.

Staff were appropriately recruited, suitably trained and skilled, and there were sufficient numbers of staff. We saw evidence of inductions for new staff. Regular staff appraisals were carried out.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. 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 maintained to a high standard. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

The provider had implemented the recommended best practice requirements for the decontamination and storage of dental instruments. There was guidance for staff on the effective decontamination of dental instruments which staff were following. Staff had received training in infection prevention and control.

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

Are services effective?

No action

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

Staff followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was updated following which patients received an assessment of their dental health. Patients' consent was obtained before treatment was provided, and treatment focused on their individual needs. Patients were given a written treatment plan which detailed the treatments agreed, together with the fees involved. The clinicians kept detailed dental records.

Patients could arrange appointments with staff if they wished to discuss any aspect of their care and treatment further. The practice had a separate treatment planning room available, and this was equipped with a variety of materials to assist staff in explaining treatments to patients.

The practice had a strong focus on good oral health and the prevention of dental disease. The whole team were involved in providing oral health advice and guidance to patients.

Summary of findings

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 training appropriate to their roles.

Are services caring?

No action

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

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.

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

Are services responsive to people's needs?

No action

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, for example, people with disabilities, impaired mobility, and wheelchair users. Patients commented in feedback that staff were attentive and always willing to provide assistance.

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

Are services well-led?

No action

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

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

Summary of findings

The practice had a strong management structure in place, and some of the staff had lead roles. Staff were aware of their roles and responsibilities. The culture of the practice encouraged openness, honesty and good communication.

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

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement, 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 and accurate. Electronic records and current paper records were stored securely. We recommended that the provider review the security of archived paper records. Patient information was handled confidentially.

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

Crown Bank Family Dental Health Centre

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 20 September 2016 and was led by a CQC Inspector with remote access to a 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 the managers, the principal dentist, a dental therapist, 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. Staff described examples of significant events which had occurred. We saw these had been reported and analysed in order to learn from them, and improvements had been 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 in the accident book.

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

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

Reliable safety systems and processes (including safeguarding)

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

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

The provider had a policy for safeguarding children and vulnerable adults. Staff demonstrated a good understanding of the policy. Two of the staff had lead roles in 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 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 saw that the practice had follow-up arrangements in place should children and vulnerable adults fail to attend their dental appointments.

The clinicians were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Records contained a medical history which was completed or updated by the patient and reviewed by the clinician prior to the commencement of dental treatment, and at regular intervals of care. The clinical 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.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and resuscitation as a team and this was updated annually. 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; however no paediatric child mask was available. The provider ordered this immediately. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We 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

Are services safe?

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental therapists and dental nurses, to deliver care in the best possible way for patients. Five of the six dental nurses had obtained qualifications in radiography, four in oral hygiene, and some were qualified in treatment planning.

The practice had a recruitment policy and recruitment procedures in place which reflected the requirements of current legislation. The practice maintained recruitment records for each member of staff. We reviewed the staff records for the newest member of staff and for longer serving staff and saw the required information was present, for example, evidence of qualifications, evidence of registration with their professional body, the General Dental Council, evidence of indemnity, and evidence that Disclosure and Barring checks had been carried out.

Staff records were stored securely to prevent unauthorised access. We saw that pre-employment checks were also carried out for locum staff.

The practice had a comprehensive induction programme in place. The most recently recruited member of staff confirmed a thorough 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 robust 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.

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

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of sharps. The provider had implemented a safer sharps system for the control of used needles. 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 staff room for quick reference. Staff were fully 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 a 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 these vaccinations 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 manage and 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 every six months. 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.

Are services safe?

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

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

We observed 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). We noted the provider was meeting the best practice requirements of HTM 01-05. The practice had two dedicated decontamination rooms which were accessible to staff only. The decontamination rooms were assigned 'dirty' and 'clean' status accordingly and were connected by a hatch to allow the transfer of processed instruments. The treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination rooms. 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 cupboards in the 'clean' decontamination room. We looked at the packaged instruments and found that the packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records of these checks and tests.

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 frequently and carried out a total system review every two years. Actions were identified in the assessment and these had been carried out, for example, we saw records of checks and testing on water temperatures which assisted in monitoring the risk from Legionella. Staff described to us the procedures for the daily cleaning and disinfecting of the dental water lines and suction unit. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

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

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed on a daily, weekly, and monthly basis. Cleaning of all areas was the responsibility of one of the dental nurses. The practice used a colour coding system to assist with cleaning risk identification in accordance with National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered.

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. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

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 systems for the prescribing, storage, and stock control of medicines.

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

Are services safe?

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

We saw that the practice was storing NHS prescription pads securely in accordance with current guidance, and operated a system for checking deliveries of blank NHS prescription pads. We saw that the dentists did not maintain records of the serial numbers for prescriptions issued and void but the provider assured us this would be put in place immediately. Private prescriptions were printed out when required following assessment of the patient.

Radiography (X-rays)

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

We checked dental care records to confirm what was described to us and found that the records were complete, clear, and contained sufficient detail about each patient's dental treatment. We noted the record keeping was of a high standard. 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 dentists used current guidelines issued by the National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews to assess each patient's risks and needs, and to determine how frequently to recall them.

Health promotion and prevention

We saw that staff adhered closely 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. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice, and information on dental hygiene procedures, diet, and lifestyle was given to the patients in order to improve health outcomes for them. Where appropriate, fluoride treatments were prescribed. Tooth brushing techniques were explained to patients in a way they understood. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

The provider demonstrated a long-standing commitment to improving oral health and preventing dental disease.

The practice had a strong focus on oral health promotion and the prevention and elimination of dental disease. The provider had trained all staff to promote prevention. We observed good co-operation and treatment planning between the dentists and dental therapists. Dental nurses provided oral health advice to patients during their appointments and where other opportunities arose. Patients commented on CQC comments cards that they were given excellent prevention and oral health advice.

New patients were offered plaque sampling. The dentists obtained a sample of plaque from the patient's teeth and this was shown to the patient with the aid of a microscope. The provider explained to us this was very effective in motivating patients and helped them to understand why it was necessary to maintain excellent oral hygiene by following the advice given to them. Plaque sampling was repeated after two months, and at further instances at the patient's request. Patients were able to see the difference in their oral hygiene. Dentists reported that this had been taking place for 13 years and their long standing patients now generally had very good oral health and did not need to attend as regularly which freed space for new patients.

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 twice a year. We noted the appraisals were a two way process with actions identified in them. Staff confirmed appraisals were used to identify training needs.

Are services effective?

(for example, treatment is effective)

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, internal and external courses, and online learning. The practice had a structured 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 practice. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

Working with other services

The practice had effective arrangements in place for referrals. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. Clinicians referred patients to a variety of secondary care and specialist options where required. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

We saw examples of internal referrals, for example, to the dental therapist, and these followed recognised guidelines.

Consent to care and treatment

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

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

The provider had implemented measures to assist patients in understanding and consenting to treatment. Information was available in a variety of formats to assist with the consent process. Each treatment room had been equipped with an intra-oral camera and monitor. Clinicians could use these to show patients areas of concern with their teeth, for example, tooth decay. The practice had a treatment planning room available where staff could discuss with patients any aspect of their care and treatment. Staff told us that patients could arrange appointments with the treatment planners at any time.

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

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

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

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, 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 clinicians. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards that staff put them at ease.

The provider had displayed signs throughout the practice inviting patients to ask staff should they require assistance with anything. We saw numerous examples of staff providing assistance to patients in the feedback given by patients in CQC comment cards.

Staff made follow-up telephone calls routinely to patients who had, for example, undergone lengthy or complex treatments or were vulnerable because of medical or other issues.

Involvement in decisions about care and treatment

The dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. CQC comment card feedback 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 maintained to a high standard and provided a comfortable and spacious environment. The provider had a maintenance programme in place to ensure the premises was maintained to this standard.

We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Clinicians were flexible and where required would provide earlier or later appointments where required.

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

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

Tackling inequity and promoting equality

The provider had 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, impaired mobility, and to wheelchair users. Parking was available near the premises on streets and in car parks. The provider had a portable ramp available to facilitate access to the practice for wheelchair users. Staff provided assistance should patients require it. The waiting room, reception, and two treatment rooms, were situated on the ground floor. The toilet facilities on the ground floor were accessible to people with disabilities, impaired mobility, and to wheelchair users. The reception desk was at a suitable height for wheelchair users.

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

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

The practice made a range of 'off the shelf' reading glasses available for patient use should they require these temporarily. The provider also made a magnifying glass available for patients.

Access to the service

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

During school holidays the practice increased availability of appointments for children.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room, outlined in the practice leaflet, and provided on the practice website. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were displayed in the waiting room but not on the practice website. We saw that complaints were promptly and thoroughly investigated and responded to.

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 practice was managed by the provider, a business manager and two practice managers, and some staff had lead roles. 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 practice was a member of a practice accreditation scheme. Accreditation schemes require a commitment by a practice to provide dental care to nationally recognised standards.

The provider had robust arrangements in place to ensure risks were identified, understood, and managed, for example, the provider 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 had robust arrangements in place to ensure that quality and performance were regularly considered, and 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. Additionally the management team carried out a strengths and weaknesses analysis annually and set performance indicators for the team as a whole. 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. Current paper records were stored securely in locked filing cabinets; however archived paper records were not securely stored to prevent unauthorised access. Archived records were stored in a 'staff only' designated area which was clearly marked as such; however the door to the record archive was not fitted with a lock.The provider assured us this would be reviewed following the inspection. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service, for example, via a variety of staff meetings.

The practice held full staff meetings every fortnight, alternating with training. 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.

Meetings were held between the management team to plan for the week ahead and to ensure arrangements were in place, for example, any specific needs for patients attending in the coming week were identified. Clinicians met quarterly to review clinical issues. Management meetings were held monthly, and business development meetings monthly to consider developments in dentistry and to carry out forward planning.

A flip chart was located in the staff room to provide 'information at a glance' and staff were encouraged to add suggestions and brief updates in relation to the smooth running of the service.

The provider operated an open door policy. Staff said they could speak to the managers or provider if they had any concerns, and that all were approachable and helpful. Staff confirmed all their colleagues were supportive.

A variety of means was used to communicate information to patients, for example, an audio-visual monitor displayed information in the waiting room. We saw that the monitor showed information on, for example, patient feedback and survey results, oral hygiene, clinicians' appointment hours, and the re-design of medical history forms. A range of information leaflets was also available.

Learning and improvement

The provider made extensive use of quality assurance measures, for example, auditing, to encourage continuous improvement. The provider had a structured audit

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programme in place and each month a specific audit was carried out. We saw that the audit process was functioning well. Audits we reviewed included access to the service, waiting times for obtaining dental appointments with the therapist, referrals, X-rays, infection prevention and control, and health and safety. All the audits had clearly identified actions, and we saw that these had been carried out and re-auditing was used to measure improvement.

The provider gathered information on the quality of care from a range of sources, including patient feedback, surveys, the NHS Friends and Family Test, NHS Choices, and NHS information on dentists' performance, 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 to inform and improve future practice.

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

We saw that people who use 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 structured patient surveys. We saw that patient feedback was acted on, for example, patients had provided feedback that the medical history form was too small so this had been re-designed. The provider made NHS Friends and Family Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

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