

Crofts DP Limited

# Crofts Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 03 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

#### 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.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal and dental radiography. The practice had suitable arrangements for dealing with medical emergencies; improvements could be made to ensure that equipment was available at all times with reference to national guidelines.

The practice had safeguarding policies and procedures and contact information for local safeguarding professionals. Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We found the equipment used in the practice was maintained and followed current guidelines.

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

Patients described the treatment they received as gentle, caring and professional. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment and recorded this in their records. The practice provided patients needing treatment with written treatment plans.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. The practice followed up on the outcomes of specialist referrals. We saw examples of effective collaborative team working.

The practice supported staff to complete training relevant to their roles. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council.

No action



# Summary of findings

## Are services caring?

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

We reviewed 47 CQC comment cards, spoke with two patients and reviewed the practice patient satisfaction survey. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The importance of confidentiality was covered in practice policies and staff training.

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours, details of the practice emergency mobile number were available for patients' reference.

Staff considered patients' different needs. The practice had access to translation services as well as interpreting services for the hearing impaired.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients. The practice reviewed patients' comments and acted on them where necessary. Patients' comments from the practice patient satisfaction survey were reviewed on a regular basis. Patients had access to information about the service through the practice website.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

No action



## Summary of findings

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. Staff commented that the principal dentist was open to feedback regarding the quality of the care. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

# Crofts Dental Practice

## Detailed findings

### Background to this inspection

#### Background

Crofts Dental Practice is located in Epping and provides private treatment to patients of all ages. The premises are on the ground floor and consist of two treatment rooms, a reception area and a decontamination room. The practice is open on Monday 9:00am to 5:00pm, Tuesday 9:00am to 3:00pm, Wednesday and Friday 8:45am to 6:00pm, Thursday 10:30am to 7:00pm and Saturday 8:30am to 3:00pm.

The dental team includes the principal dentist, two associate dentists, a dental hygienist, a dental hygienist/therapist, a dental nurse, a trainee dental nurse and the receptionist.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The principal dentist is the registered manager at Crofts Dental Practice.

On the day of inspection we collected 47 CQC comment cards filled in by patients, spoke with two patients and reviewed the practice patient satisfaction survey. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

During the inspection we spoke with the principal dentist, the two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

#### Our key findings were:

- The practice was clean and well maintained.

- The practice had systems to help them manage risk.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients said that they found the team to be efficient, professional, caring and reassuring.
- Patients had good access to appointments, including emergency appointments, which were available on the same day.
- Effective leadership structures were in place and there were processes in place for dissemination of information and feedback to staff.

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

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients.

## Detailed findings

- Review availability of medicines to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate and respond to accidents, incidents and significant events. The policy was updated in December 2016 and described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording all incidents in the appropriate way. There were no reported incidents within the last 12 months.

The practice had a policy on the Duty of Candour which was updated in December 2016 and staff were aware of their responsibilities. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice had a procedure in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). All staff we spoke with understood the requirements of RIDDOR. The practice had carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a comprehensive COSHH folder which included guidance from the Health and Safety Executive.

### Reliable safety systems and processes (including safeguarding)

The practice had a comprehensive set of policies and procedures in place for safeguarding adults and child protection which was updated in April 2017. The policy included guidance from the Department of Health and Essex Safeguarding Adults Board. The policy included details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The principal dentist was the safeguarding lead. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. All members of staff we spoke with were able to give us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the

practice. There were no reported safeguarding incidents in the last 12 months. We saw evidence that all staff had completed child protection and safeguarding adults training to an appropriate level.

The practice had a whistleblowing policy which included the contact details of external agencies to which staff could raise concerns. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice had a health and safety policy and had undertaken a range of risk assessments in October 2016. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharps injuries, eye injuries, manual handling, electrical faults and slips, trips and falls.

Staff told us that a rubber dam was routinely used for root canal treatment in line with guidelines issued by the British Endodontic Society (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it was not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

The practice had undertaken a risk assessment of the business in March 2017 and there was a business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies including a flood, equipment, electricity or failure of the computer system. It included the name and contact details for another dental practice where patients could be referred for treatment if necessary.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and manual breathing aids were available in line with the Resuscitation Council UK guidelines. The practice did not have an automated external defibrillator (AED). (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). The principal dentist told us a risk

# Are services safe?

assessment for an AED had been undertaken. However, the risk assessment was not available to be provided. Following our inspection the practice sent us confirmation a risk assessment had been completed in October 2016.

A child size oxygen mask and portable suction were not available at the practice on the day of our inspection. Following our inspection the practice sent us confirmation these items had been ordered.

All other emergency drugs and equipment were within the expiry date ensuring they were fit for use. We saw records which showed that regular checks had been carried out to the emergency medicines to ensure they were not past their expiry and in working order in the event of needing to use them.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. Staff told us they were confident in managing a medical emergency. We saw evidence of up to date training in emergency resuscitation and basic life support for all members of staff.

## Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We reviewed the recruitment records for all staff members. These showed the practice followed their recruitment procedure. The records contained all of the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required).

Records showed that staff identity checks, references and eligibility to work in the United Kingdom, where required, were carried out for all members of staff. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable].

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The principal dentist had a system for monitoring essential staff information about GDC registration and current professional indemnity.

## Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment in March 2011. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan. We observed the practice did not have adequate fire extinguishers and fire drills had not been carried out. Following our inspection the practice sent us confirmation of an updated fire risk assessment which had been undertaken on 05 May 2017 and the required extinguishers had been ordered.

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE). Staff told us alerts were received and reviewed and disseminated by them to the staff, where appropriate. The practice had a safety alerts folder and we saw evidence of alerts for defective products and equipment.

We were told the dental hygienists normally worked without chairside support but support was available when requested. We discussed with the provider the advice given in the General Dental Council's Standard (6.2.2) for the Dental Team about dental staff being supported by an appropriately trained member of the dental team when treating patients in a dental setting. Following our inspection the practice sent us confirmation of a risk assessment for the dental hygienist working without chairside support.

## Infection control

There were effective systems in place to reduce the risk and spread of infection. There was an infection control policy which had been updated in January 2017. The policy included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The practice had followed the guidance on



# Are services safe?

decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated. Instruments were cleaned prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation. We found daily and weekly tests were performed to check that the steriliser was working efficiently and a log was kept of the results. We saw evidence that the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

The practice had undertaken a Legionella risk assessment in February 2017 and there was a recommended action plan in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We observed the practice was monitoring water temperatures and using a disinfectant in the water lines.

## Equipment and medicines

There were service contracts in place for the maintenance of equipment such as the suction apparatus which was serviced in November 2016. The practice purchased a new compressor in February 2017. The practice had portable appliances and had carried out portable appliance tests (PAT) in December 2016. The practice purchased a new autoclave in January 2016. We observed the autoclave had not been serviced. Following our inspection the practice sent us confirmation that the autoclave would be serviced on 15 May 2017.

The practice had a policy on prescribing which detailed how medicines should be prescribed, dispensed and stored. The principal dentist showed that medicines were stored securely in a locked cabinet. We saw records which showed that when medicines were dispensed the appropriate information had been recorded. This included the batch number, expiry date and quantity of medicines.

## Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports.

We saw records which showed that the X-ray equipment was serviced in May 2014. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

The principal dentist told us the X-ray unit was due to be updated. Following our inspection the practice sent us confirmation a new X-ray unit would be installed on 18 May 2017.

We confirmed that the dentists' IRMER training for their continuous professional development (CPD) was up to date.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP). We saw records which showed the dentist gave preventive advice in line with current guidance. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. The practice kept detailed dental care records. We saw evidence of assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums].

The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer. The dentists recorded when oral health advice was given.

### Health promotion & prevention

Appropriate information was given to patients for health promotion. The practice website had information relating to health promotion such as mouth cancer, smoking cessation, gum disease, caring for children's teeth, tooth brushing and interdental cleaning.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking.

The practice believed in preventative care and supporting patients to ensure better oral health. The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

Staff told us the practice visited a primary school in the area to give oral health advice and demonstrations in November 2016.

### Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that all staff members were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as complaints handling, first aid, oral cancer screening, legal and ethical issues.

The practice had a policy and procedure for staff appraisals to identify training and development needs. Staff showed us the practice training policy which used appraisals to identify staff's individual training needs. We saw records which showed staff appraisals were completed regularly.

### Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. The principal dentist confirmed patients were referred to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This was usually for specialist treatments such as orthodontics, complex gum and root canal treatments, dental implants and sedation. Staff told us that patients with suspected oral cancer were referred under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to ensure they were dealt with promptly.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were

# Are services effective?

(for example, treatment is effective)

experienced in undertaking the type of treatment required. The practice also asked patients to let them know if they did not receive an appointment from the service they had been referred to.

## **Consent to care and treatment**

The practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. The policy also referred to Gillick competence and staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Patients would be given time to consider the information given before making a decision. The practice asked

patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

The dental care records we reviewed showed that options, risks and benefits of the treatment were discussed with patients. We saw that the dentists recorded consent was obtained prior to treatment. The practice also had consent forms on extractions, treating gum disease and root canal treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had received formal training on the MCA. All staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We saw records which showed that the practice sought patients' views through the practice patient satisfaction survey. We reviewed 47 CQC comment cards completed by patients in the two weeks prior to our inspection and spoke with two patients at the inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect.

The practice had a policy on confidentiality and information governance which detailed how a patient's information would be used and stored. All staff were required to complete training on confidentiality as a part of the practice's induction programme. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised as well as paper based. The computers were password protected, stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors

being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. Patients said the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

### **Involvement in decisions about care and treatment**

The dentist told us they used a number of different methods including tooth models, display charts, pictures, leaflets and X-rays to demonstrate what different treatment options involved so that patients fully understood. The practice had information leaflets on treatments such as bridges, dentures, crowns and veneers. The practice website provided patients with information about a range of treatments such as extraction, fillings and root canal treatment. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice. We discussed the appointment booking system with reception staff. They explained that appointments for treatment were booked according to the treatment needed. Some patients commented on the efficiency of the service and being seen on time. The principal dentist told us that they arranged longer appointments for patients who were anxious about dental treatment or arranged these at the start or end of the day to suit the individual. If necessary they referred patients to services who provided sedation.

The practice had an efficient appointment system to respond to patients' needs. We reviewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. Patients told us they had enough time during their appointment and did not feel rushed.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. The practice had access to a translation service and an interpreting service for the hearing impaired.

The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. The treatment rooms were located on the ground floor of the premises. The principal dentist

told us that it had not been possible to provide disabled access within the practice and patients with these access needs were referred to a neighbouring practice with these facilities.

### Access to the service

The practice displayed its opening hours in the premises and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. In the event of a dental emergency outside of normal opening hours details of the practice emergency mobile number were available for patients' reference. These contact details were given on the practice answer machine message when the practice was closed. The practice had an information leaflet which detailed the opening hours and how to access urgent treatment and out of hours care.

Feedback received from patients showed that they were happy with the access arrangements. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was available in the reception area including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had not received any complaints in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had good governance arrangements with an effective management structure. Improvements could be made to ensure that all risks are identified and the information is appropriately stored so that it is accessible to staff. There were relevant policies and procedures in place such as those issued by the General Dental Council (GDC) and British Dental Association (BDA). These were frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

The practice had implemented most suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The principal dentist organised staff meetings to discuss key governance issues and staff training sessions. We saw records of regular staff meetings documenting discussions on team working, medical histories, treatment planning, referrals and the patient satisfaction survey.

The principal dentist had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Dental care records we checked were complete, legible and accurate and stored securely. The practice had computerised and paper based dental care records. All computers were password protected and records were stored appropriately.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this.

They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the principal dentist as well as other colleagues. Staff we spoke with were confident in approaching the principal dentist if they had concerns and displayed appreciation for the leadership.

The practice had a whistleblowing policy. The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be hard working, caring, a cohesive team and were supported in carrying out their roles.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and X-rays in October 2016. An infection prevention and control audit had been undertaken in April 2017. We saw records which showed that the audits had documented learning points, were analysed and the resulting improvements could be demonstrated.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patients' response through the practice patient satisfaction survey.

## Are services well-led?

Staff commented that the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.