The Old Surgery Dental Practice Ltd

The Old Surgery Dental Practice

Inspection Report

31 Hungerford Road
Crewe
CW1 5EQ
Tel:01270 587820
Website:www.oldsurgerydental.co.uk

Date of inspection visit: 23 March 2016
Date of publication: 15/08/2016

Overall summary

We carried out an announced comprehensive inspection on 23 March 2016 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Old Surgery Dental Practice is located in a residential suburb close to the centre of Crewe and comprises a reception and waiting room, a patient care suite, a patient lounge, six treatment rooms, three of which are on the ground floor, offices, storage and staff rooms. Parking is available on nearby streets. 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 private basis.The practice opening times are Monday, Tuesday, Wednesday 9.00am to 5.15pm, Thursday 9.00am to 7.15pm and Friday 9.00am to 5.00pm. The practice is staffed by a management team of six staff, 11 dentists, two of whom are the practice partners, two hygienists, a clinical dental technician, two treatment co-ordinators / dental nurses, four receptionists, three of whom are also dental nurses, and four dental nurses, one of whom is a trainee.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

We received feedback from 26 people on CQC comment cards during the inspection about the services provided. Every comment was positive about the staff and the service. Patients commented that they found the staff welcoming, friendly, kind and and caring. They said that they were always given good explanations about dental treatment and that dentists listened to them. Patients commented that the practice was exceptional, provided a superb service and had been outstanding over the last few years.

Our key findings were:

- The practice recorded and analysed significant events and incidents and acted on safety alerts.
- Staff had received safeguarding training and knew the process to follow to raise any 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.
- Premises and equipment were clean, secure and well maintained.
- Infection control procedures were in place and the practice followed current guidance.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards and guidance.
- Patients received explanations 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.
- We observed that 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 into account patient feedback.
- 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.

We identified the practice did the following which had a positive impact on patient experience and health outcomes. We believe this to be notable practice.

- There was a practice team approach to improving the oral health of patients and the local population. As a practice they planned annually who and how they target. The practice actively identified specific population groups who were at an increased risk of poor oral health and planned and implemented a number of initiatives specifically targeting these groups. For example, this year they were building on the work they had previously carried out in training nursing home staff to carry out oral health care, and were focusing on people living with dementia.
- Staff proactively worked with health professionals, for example, to improve the outcome for patients with long term conditions such as diabetes by providing oral health education and encouraging regular dental attendance. Staff also aimed to improve referral pathways to GPs to screen for diabetes in patients whose oral health was of concern.
- The practice organised a variety of educational opportunities for their own staff and those from local practices with a strong emphasis on sharing of clinical expertise and knowledge, best practice and peer review to improve patient outcomes.
- When planning care, the provider considered the nutrition and hydration needs of patients. In particular, appointments were planned at specific times of the day for patients who were fasting, and the nutrition and hydration needs of patients undergoing treatment in lengthy appointments were considered. The practice also produced detailed guidance on nutrition and hydration for patients who had attended for a variety of treatments, for example, dentures, sedation and periodontal, (gum), treatment. The guidance included information on suitable amounts, types and temperatures of food and drink, and precautions to be aware of.

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

Summary of findings

- Review arrangements for the secure storage of waste in accordance with relevant regulations having due regard to guidance in the Department of Health, Health Technical Memorandum 07-01 Safe management of healthcare waste.
- Review the practice's sharps procedures having due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 effective systems and processes in place to ensure that care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints. Staff were aware of their responsibilities to report incidents. Safety alerts were received by the practice and acted on.

Staff had received training in safeguarding adults and children and 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 and regular reviews and appraisals.

The practice had identified and assessed risks and staff were aware of how to minimise risks. The practice had arrangements in place to ensure continuing care for patients during holidays and service disruptions.

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 and staff were trained in dealing with medical emergencies.

There were systems in place to reduce and minimise the risk and spread of infection and the premises and equipment were clean, secure and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place. Staff had received training in infection prevention and control. There was guidance for staff on effective decontamination of dental instruments which staff were following.

We saw evidence that the practice was following current legislation and guidance in relation to X-rays which demonstrated the practice was protecting patients and staff from unnecessary exposure to radiation.

Are services effective?

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

Current guidelines were followed in the delivery of dental care and treatment for patients.

Patients received an assessment of their dental needs which included assessing and recording their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and consented to. The practice kept detailed dental records and monitored any changes in the patients' oral health. The practice provided regular oral health advice and guidance to patients and used displays to promote good oral health and healthy lifestyles. Regular children's days were organised to encourage good oral health in children.

The treatment provided for patients focused on the needs of the individual. Patients were referred to other services where necessary, in a timely manner.

Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Summary of findings

Qualified staff were registered with their professional body, the General Dental Council. Staff received training and support and were supported in meeting the requirements of their professional body. Staff were offered a variety of opportunities for development.

Are services caring?

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

Patients commented that staff were caring, polite, and friendly. They told us that 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 professional and understanding and made them feel at ease.

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

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

Are services responsive to people's needs?

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

Patients had access to appointments and choice of dentists, 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 out of hours appointment information was provided at the entrance to the practice, in the patient leaflet and on the 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. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users. A waiting room, three treatment rooms and an accessible toilet were located on the ground floor. Staff had access to interpreter services where patients required these.

The practice had a complaints policy in place which was displayed in the waiting room, outlined in the practice leaflet and on the website.

Are services well-led?

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

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

The practice had a management structure in place and some staff had lead roles. Staff we spoke to were aware of their roles and responsibilities within the practice. Staff reported that the managers were approachable and helpful, and took account of their views. The culture of the practice encouraged openness and honesty and staff told us they were encouraged to raise any issues or concerns with managers. Staff reported they were happy in their roles and enjoyed working at the practice.

Summary of findings

The practice's vision and ethos was to improve health outcomes for their patients and staff we spoke to were involved in a number of projects to achieve this.

There was a range of policies and procedures in place at the practice. Policies were underpinned by protocols and procedures to assist and guide staff in undertaking tasks. Policies, procedures and protocols were regularly reviewed and audited for their effectiveness.

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

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

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

The practice had a system to actively seek the views of patients and also used the NHS Friends and Family Test. The practice had a system for gathering feedback from children also.

The Old Surgery Dental Practice

Detailed findings

Background to this inspection

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

The inspection took place on 23 March 2016 and was led by a CQC Inspector who had access to remote advice from a specialist advisor.

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 details of their staff members including their qualifications and proof of registration with their professional body. We also reviewed information we held about the practice.

During the inspection we spoke to the managers, dentists, a hygienist, dental nurses and receptionists. We reviewed policies, procedures and other documents and observed procedures. We reviewed 26 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 practice had procedures in place to report, analyse and learn from significant events and incidents. Staff described examples of significant events which had occurred and 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 when to report. The practice had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

Staff had an understanding of 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 alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to a medicine or piece of medical or dental equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. Staff were able to discuss examples of these.

Reliable safety systems and processes (including safeguarding)

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

The practice had a whistleblowing policy in place and staff were encouraged to bring safety issues and concerns to the attention of the managers.

The practice had a policy for safeguarding children and vulnerable adults which included local safeguarding authority's contact details for reporting concerns and suspected abuse. Staff we spoke to understood the policy. Staff were trained to the appropriate level in safeguarding and were aware of how to identify abuse and follow up on concerns. Staff described to us examples of concerns which had been reported. One of the principal dentists was the lead for safeguarding and we noted training for the lead role had been carried out to a higher level. 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. Dental care records were stored securely. 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 saw were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, what was due to be carried out next and details of alternatives.

We saw evidence of how the practice followed recognised guidance and current practice to keep patients safe. For example, we checked whether dentists used dental dam routinely to protect the patient's airway during root canal treatment, and we established the practice's policy and protocols for the use of endodontic equipment.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training as a team and this was updated annually. We noted that staff involved in the provision of sedation were trained to a higher level in life support. Staff additionally received regular updates throughout the year. Staff we spoke to were able to describe how they would deal with a variety of medical emergencies. One member of staff was additionally trained to provide first aid.

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

Are services safe?

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

Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental hygienists, dental nurses with enhanced skills and a clinical dental technician, (CDT), to deliver care in the best possible way for patients.

The provider explained the specific expertise of CDTs in making dentures, and had set up an internal referral service for the dentists to refer patients to the CDT should patients wish. Dentists could also refer patients with denture problems to the CDT. Patient feedback had been very positive and patients had commented that the dentures were of excellent quality and they were able to obtain appointments sooner. Dentists reported that this had freed more appointment time in which to see patients.

The practice had several permanent dentists who delivered care on a sessional basis, but also used the skills of visiting dentists to deliver care in other areas, for example, a specialist in endodontics. We saw evidence to demonstrate that several dentists had undertaken postgraduate training and research and some were on the General Dental Council specialist lists.

The practice had reviewed staff training requirements in conscious sedation as set out by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. The practice policy was to have all nurses trained in sedation. All nurses were trained in sedation except the trainee nurse who was booked to attend the relevant course.

One of the hygienists had obtained a qualification in smoking cessation.

The practice policy was to have all nurses trained in radiology.

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

The practice had an induction programme in place. Clinical and non clinical staff confirmed to us that they had received an induction when they started work at the practice. We saw the induction included the identification of training needs of staff joining the practice.

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

Monitoring health and safety and responding to risk

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

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk specific 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 and consistently reviewed.

We saw evidence of a control of substances hazardous to health risk assessment and associated procedures. Staff maintained a file containing details of products used at the practice, for example, chemicals for dental treatment, and retained the manufacturers' data sheets to inform staff what action to take in the event of a chemical spillage, accidental swallowing or contact with the skin. Measures were identified to reduce risks, for example, the use of personal protective equipment for staff and patients, secure storage of chemicals, and the display of appropriate warning signs.

We saw evidence that the practice had carried out a sharps risk assessment and measures had been implemented to mitigate the risks associated with the use of sharps, for example, the provider had implemented a sharps policy identifying responsibility for the dismantling and disposal of sharps. However the provider had not implemented a safer sharps system to dispose of used needles but had risk assessed this. The policy also included procedures to follow in the event of a sharps injury. These procedures

were displayed in the treatment rooms for quick reference. Staff were fully familiar with the procedures and able to describe the action they would take should they sustain an injury. We saw recorded evidence of sharps injuries to staff, some of which were obtained recently. Action taken was in line wih the policy and recognised guidance.

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. Risk assessments were in place for staff who undertook clinical duties in whom the vaccination was ineffective. 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 observed that sharps bins were suitably located in the clinical areas.

We saw that a fire risk assessment had been carried out and this was reviewed and updated annually. 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 regularly.

We saw evidence to demonstrate that the provider had implemented a business continuity plan which detailed arrangements to be able to respond to and manage, disruptions and developments. Staff were able to discuss these arrangements.

Infection control

The practice had an overarching infection 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.

The practice undertook infection control audits six monthly and we saw evidence of these.

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

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05). The practice had a dedicated decontamination room which was accessible to staff only. The decontamination room and treatment rooms had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Packaged instruments were dated with an expiry date in accordance with HTM 01-05 guidance. Staff wore appropriate personal protective equipment during the decontamination process.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in the treatment rooms and found that packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

The provider explained to us that the practice planned to meet the best practice requirements of HTM 01-05 in the near future, by installing a washer-disinfector and separate instrument storage.

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, and we saw records of these checks and tests.

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

The practice 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). Assessments were carried out 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 outlet temperatures, which assists in monitoring the risk from Legionella. The dental water lines and suction unit were cleaned and disinfected daily, 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 an environmental cleaning policy and procedures in place. Cleaning was the responsibility of a cleaner but the dental nurses were responsible for the cleaning of the clinical areas. The practice had a cleaning schedule in place identifying tasks to be completed, daily, weekly and monthly. 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. We observed that clinical waste awaiting collection was stored securely in the appropriate containers but the containers were stored unsecured in a yard to which the public had access. Managers told us they would look into improving security. 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.

Equipment and medicines

We saw evidence 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.

We noted the practice was meeting the guidance published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015 and had achieved the standard outlined in this guidance. The practice had previously been adhering to the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003.

The practice offered inhalation sedation and intra-venous sedation for patients who were nervous about having dental treatment, and patients who required complex dental work such as the provision of dental implants. We found that the practice had put into place robust governance systems and processes in relation to the provision of sedation.

We looked at the systems and processes the practice had implemented to support sedation. We saw that these included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, patient's checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions, and staff training.

We found that patients were appropriately assessed for sedation. We saw evidence in the dental care records to show that all patients undergoing sedation had the recommended checks carried out prior to sedation. The records demonstrated that during the sedation procedure patients were monitored at regular intervals.

Staff responsible for stock control showed us the recording system for the prescribing, storage, stock control and recording of medicines used in the provision of sedation.

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment, the air compressor, X-ray machines and the sedation equipment. 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.

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

We saw that the practice was storing NHS prescription pads securely and in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Private prescriptions were printed out when required following assessment of the patient.

Radiography (X-rays)

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

Are services safe?

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

We did not see evidence that the Health and Safety Executive had been notified of the use of X- ray equipment on the premises, however this was provided immediately after the inspection.

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.

We saw evidence of regular auditing of the quality of the X-ray images which demonstrated the practice was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), and patients and staff were protected from unnecessary exposure to radiation.

Dental care records confirmed that X-rays were justified, reported on and quality assured in accordance with IR(ME)R, current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and General Dental Council guidelines. The 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.

Details of the treatments carried out were documented and details of medicines used in the dental treatments were recorded. This 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 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. The dental care records adhered to current guidance. 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 both present and future, and treatment plans were good.

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

Three treatment rooms had intra oral cameras and display screens to assist clinicians in explaining oral health problems and conditions which helped improve patient's understanding.

The practice encouraged staff to suggest initiatives and supported staff in implementing these initiatives. Staff we spoke to were keen to improve health outcomes for patients and this was clear from the projects they were involved in.

We observed the following examples of notable practice:-

- We saw that the practice chose a community project each year with a focus on improving oral health outcomes for their own patients and for the local population. The current community project was oral health care for people living with dementia. The practice staff were training in the dementia tool kit which would enable them to become Dementia Champions.
- One of the hygienists had recently implemented plans to improve oral health in nursing homes and hospitals. Some of the residents of the homes were patients of the practice. The hygienist had organised a training course for nursing home staff to teach them how to look after the oral health of the residents and had also organised to provide a talk to end of life carers and nurses on oral health care in their patients. This would result in improved health outcomes for patients in terms of oral health and general health and well-being.
- We saw evidence that staff worked with other health professionals to improve the outcome for patients, for example, one of the hygienists had arranged to participate in diabetic clinics at local GP surgeries, with the aim of encouraging patients to attend regularly for dental care if they have diabetes, and to educate and inform patients about the link between diabetes and oral health. The hygienist was also improving referral pathways to GPs, for example, referring a patient for screening for diabetes if their periodontal (gum) disease was not well controlled.
- The hygienists had set up a referral pathway with the practice's implantologist and implemented a pre-treatment planning assessment with the aim of improving patients' oral hygiene prior to the assessment of the patient for placement of implants to try to avoid future problems with implants and to improve the outcome for the patient.

Are services effective?

(for example, treatment is effective)

The hygienists used dental loupes to assist in improving assessment and treatment carried out for patients. Dental loupes are small binocular magnifying lenses set in an eyepiece used for examination or operation when fine detail is involved.

Health promotion and prevention

The practice 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 was given to the patients in order to improve health outcomes for them. This included dietary advice and advice on general dental hygiene procedures. Where appropriate fluoride treatments were prescribed. Adults and children attending the practice were advised during their consultation of steps to take to maintain good oral health. Tooth brushing techniques were explained to them in a way they understood. The dental care records we observed confirmed this. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staff told us they promote and take part in national oral health initiatives, for example, mouth cancer action month and information about initiatives was displayed in the practice and contained in the practice newsletters.

We observed the following notable practice:-

The practice held 'Childrens' Days' every school holiday aimed at encouraging children to attend regularly for dental care and to improve the patients' experience and health outcomes. The 'Days' were open to existing patients of the practice and new patients. Staff dressed up and decorated the practice. Examinations and assessments were carried out and there was a strong emphasis on promoting good oral health and diet, and talking to the children and their parents. The practice aimed to provide a positive experience for children and build their confidence. Children received oral health education and instruction and visual displays were produced with information on, for example, sugary and fizzy drinks. Patients commented on CQC comment cards that the practice was extremely good with children and that the childrens' days had a great fun atmosphere.

Staffing

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

The practice had a structured training plan in place which outlined details of training for staff and included the mandatory General Dental Council topics, health and safety and a variety of generic and role specific topics. Staff were given protected study time at work.

The practice used a variety of training methods to deliver training to staff, for example lunch and learn sessions, courses and online learning.

We observed the following notable practice:-

The practice organised a variety of cost free educational opportunities for their own staff and those from local practices, every two months with a strong emphasis on sharing of clinical expertise and knowledge, best practice and peer review to improve patient outcomes. The events counted towards dental professional's continuing professional development and took a variety of formats, including workshops, lectures and hands-on. Attendees were encouraged to bring their own cases to discuss. The educational events related either to a specific area of dentistry, for example periodontal, (gum), disease, or to a specific group, for example, hygienists. Peer review meetings were organised by the practice every two months specifically for local hygienists and therapists to attend.

The practice used the services of a business skills coach to provide training for all staff in each role specific group, for example coaching for receptionists in customer care, every two months to improve all aspects of service delivery for patients.

Several staff were members of their own professional associations and some had leadership roles in these. Staff told us this helped them keep up to date with the latest developments and best practice and they shared learning from this with the practice. The practice manager was currently the vice president of a practice managers' association and in this role intended to improve practice management in dental practices. Several staff had won industry awards, for example UK hygienist of the year 2015, and UK practice manager of the year 2015.

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

Are services effective?

(for example, treatment is effective)

a structured system of mentoring for staff providing sedation and a rota system was used to ensure all the dental nurses had regular practical experience in sedation nursing.

The practice carried out staff appraisals annually. We saw that a scheme to appraise the dentists was currently being set up. We noted the appraisals were a two way process with actions identified. Staff confirmed appraisals were used to identify training needs and that the practice supported them to undertake further study. Staff we spoke to were aware of their own abilities and competencies and confirmed all their colleagues were supportive.

The provider had a policy to have all dental nurses trained in sedation and radiology. Five nurses were trained in sedation. All nurses were trained in radiology except the trainee nurse who was booked to attend the relevant courses.

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

The GDC highly recommends certain core subjects for CPD, such as cardio pulmonary resuscitation, (CPR), safeguarding, infection control and radiology. Checks to ensure dental care professionals were up to date with their CPD were carried out by the practice. We reviewed staff records and found these contained a variety of CPD, including the core GDC subjects, and a wide range of other subjects demonstrating that they were meeting the requirements of their professional registration.

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 these. 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 that referrals were logged and tracked.

We saw examples of internal referrals for example to the hygienist and clinical dental technician, 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 practice had treatment co-ordinators who patients could make appointments with for further explanation of treatments or costs or to discuss specific concerns for example, dental anxiety.

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.

Treatment costs were displayed in the reception area. Private fees and NHS fees were displayed in the practice leaflet, and private fees displayed on the practice website. Information on dental treatments was available in the waiting room and on the practice website 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. The dentists told us they 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 inmedical law to decide whether a child of 16 years or under is able to consent to their own treatment).

Are services effective?

(for example, treatment is effective)

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff we spoke to had a good understanding 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 practice had a waiting lounge for use by patients and their relatives attending the practice for longer appointments in addition and a patient care suite for patient consultations in private.

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 cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people. The practice premises provided a spacious and comfortable environment and had been re-furbished to a high standard. The provider had a rolling programme of maintenance and improvement in place.

We saw that the practice tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon, evening and Saturday appointments. Patients had a choice as to which dentist they attended.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs of patients 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.

The provider had a system in place to gather the views of patients and there was a specific system for children to provide feedback. Staff told us that patients were always able to provide verbal feedback and feedback online and this was captured and analysed by the practice.

The NHS Dental Services patient survey, provided the following information:-

- 100% of patients surveyed were satisfied with the dentistry they had received at the practice, based on 6 responses, compared with 93.8% for England overall.
- 83.3% of patients surveyed were satisfied with the time they had to wait for an appointment based on 5 responses compared with 90.0% for England overall.

The NHS Dental Services patient survey is carried out by the NHS to monitor the quality and integrity of NHS dental services.

Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users and had carried out a Disability Discrimination Act audit. Patients were informed in the practice leaflet to discuss any special requirements with staff.

The practice was located in a converted residential property. Parking was available on nearby streets. The provider had installed a ramp at the front entrance, and the practice was accessed by automatic doors which were sensor controlled. The practice was accessible to people with disabilities, impaired mobility and to wheelchair users. The provider planned to further improve accessibility by widening the path leading to the entrance and installing edging along the path to improve the security for wheelchair users and for visually impaired patients using canes.

The ground floor waiting room contained a variety of chairs to cater for patient's individual needs and preferences. An area of the reception desk was at a suitable height for wheelchair users.

Toilet facilities were situated on the ground floor and were accessible to people with disabilities, impaired mobility, wheelchair users and patients with prams. The provider had installed an alarm to call for assistance should this be required.

Staff told us they offered interpretation services to patients whose first language was not English and to patients with impaired hearing.

The practice made provision for patients to arrange appointments by email, telephone or in person. 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 appointments where possible and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

We observed the following notable practice:-

The provider had considered the nutrition and hydration needs of patients in a variety of circumstances and produced a policy. The policy took into account, for example, the needs of fasting patients and patients with diabetes. Arrangements were in place to

Are services responsive to people's needs?

(for example, to feedback?)

provide appointments accordingly to suit the individual's needs. The policy also outlined arrangements for nutrition and hydration for patients attending for lengthy appointments involving complex treatment.

The practice had produced detailed guidance on nutrition and hydration for patients who had attended for a variety of treatments, for example, dentures, sedation and periodontal treatment. The guidance included information on suitable amounts, types and temperatures of food and drink, and precautions to be aware of.

Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours and out of hours appointment information were displayed at the entrance to the practice and provided in the practice leaflet. The practice opening hours, but not out of hours information, were displayed on the practice website. The practice planned to update the website in the near future. Emergency appointments were available daily.

Concerns and complaints

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

We saw that the practice had investigated complaints thoroughly and responded appropriately. We saw evidence of openness and transparency in the practice's responses to complaints.

Are services well-led?

Our findings

Governance arrangements

The practice had a management structure in place. The managers had access to suitable supervision and support in order to undertake their roles effectively, and there was clarity in relation to management roles and responsibilities. Staff reported that the practice managers were approachable and helpful.

The provider had systems and processes in place for monitoring and improving the services provided for patients and these were operating effectively.

The provider had arrangements in place to ensure risks were identified, understood and managed, for example, the provider had carried out risk assessments and put in place reasonable measures in order to mitigate these risks. We saw that risk assessments and policies were regularly reviewed to ensure they were current and up to date with regulations and guidance.

The provider had arrangements in place to ensure that quality and performance were regularly considered and used a variety of means to monitor quality and performance, for example, through the analysis of patient feedback, analysis of significant events and learning from complaints. The practice undertook a wide range of audits, clinical and non clinical , for example, appointment availability and sterilisation procedures, and had a structured rolling programme of auditing. Analysis of the audits was also used to improve the service.

The provider had a structured training plan in place which supported staff in meeting the requirements of their professional registration, and monitored dental professional's continuing professional development to ensure staff were meeting these requirements.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained electronically and on paper and securely stored. All computers were password protected and the computer was backed up daily.

Leadership, openness and transparency

The practice had a culture of excellence and improvement, and had achieved the British Dental Association Good Practice Award in 2015 and a number of other industry awards in relation to the practice as a whole and certain specific staff roles.

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

The practice held monthly full staff meetings. These meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of these. Items discussed included action taken, and learning identified, as a result of concerns, compliments and complaints.

The practice held weekly informal meetings to discuss staffing changes, cases, and to prepare for the week ahead. Various role specific meetings were held regularly, for example for reception staff to address issues of particular relevance to their role.

Managers told us they operated an open door policy and staff told us they could speak to managers if they had any concerns. The provider involved clinicians in writing protocols for areas of service delivery which involved review and discussion of practices and procedures and staff were comfortable in challenging colleagues practices and perceptions.

Learning and improvement

The provider used quality assurance measures to encourage continuous improvement for example, auditing. The practice had a structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography. We saw evidence that actions resulting from auditing were carried out, for example, we saw evidence of discussion of these in staff meetings. However the actions were not all formally identified and recorded to demonstrate that the auditing process was functioning well and to encourage improvement. The managers assured us this would be implemented.

The provider gathered information on the quality of care from patient feedback and used this to evaluate and improve the service.

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

Are services well-led?

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

We saw evidence to show that people who use the service and staff were engaged and involved. The practice had a system in place to seek the views of patients about all areas of service delivery. The NHS Family and Friends Test forms were available in the waiting room for patients to indicate how likely they were to recommend the practice.

We were told staff could provide feedback to the practice managers at any time. Staff told us that suggestions for improvements to the service were listened to and acted on for example, staff had requested new uniforms. Staff were encouraged to suggest and implement initiatives to improve the health of patients and the local population.

The practice had achieved a best employer industry award in 2015. Staff told us they felt valued and involved.