ME Smile Ltd

Theydon Dental Surgery

Inspection report

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Date of inspection visit: 22 April 2015
Date of publication: 18/06/2015

Overall summary

We carried out an announced comprehensive inspection on 22 April 2015.

The practice has one dentist who is also 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.

The dentist is supported by a dental nurse, one trainee dental nurse (also a receptionist) and a dental hygienist that attends the practice monthly.

The practice provides primary dental services to private patients only. This includes patients subscribing to a dental plan in addition to those patients who pay per visit/treatment. The practice is open on Mondays between 8.30am and 5.30pm and on all other weekdays from 8.30am to 3.30pm. to The practice is also open on Saturdays by appointment only.

We spoke with three patients during the inspection. They told us that they were very satisfied with the services provided, that the dentists provided them with clear explanations about their care and treatment, that costs were clear and that all staff treated them with dignity and respect.

We viewed CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. There were 16 completed comment cards and all of them reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found it easy to book an appointment and they found the quality of the dentistry to be excellent. They said explanations were clear and that the staff were kind, caring and reassuring. Patients also commented about the availability of a dentist when urgent treatment was required.

The provider was providing care which was safe, effective, caring, responsive and well-led and the regulations were being met.

Our key findings were:

- The practice had a system in place to record and analyse significant events, safety issues and complaints and to cascade learning to staff
- Where complaints or mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns
- There were sufficient numbers of suitably qualified staff to meet the needs of patients

Summary of findings

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available
- Infection control procedures were robust and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in decisions about it
- Patients were treated with dignity and respect and confidentiality was maintained
- The appointment system met the needs of patients and waiting times were kept to a minimum
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- The practice was well-led and staff felt involved and worked as a team
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services
- The practice sought feedback from staff and patients about the services they provided.

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

- Ensure that learning from practice meetings is recorded and cascaded to staff and areas for improvement are actioned in a timely manner.
- Ensure infection control audits are undertaken every six months in accordance with the guidance.
- Update radiation protection documentation to identify those currently responsible for oversight of equipment and operation of it.

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 all care and treatment was carried out safely. The practice responded to national patient safety and medicines alerts and took appropriate action. A system was in place to record significant events, complaints and accidents. Patients were informed if mistakes had been made and given suitable apologies. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times. Infection control procedures were robust and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). The principal dentist was up to date with current dental guidelines. The practice focussed on the prevention of poor dental health for both children and adults. Patients received a comprehensive assessment of their dental needs including taking and updating a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained, supported by written treatment plans. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff understood the Mental Capacity Act and offered support when necessary. Verbal and written consent were taken appropriately.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentiality. Patients told us they were listened to and treatment was clearly explained. Nervous patients were reassured. Patients were given time to consider their treatment options and felt involved in their care and treatment. Patients were often contacted after receiving treatment to check on their welfare. People with urgent dental needs or in pain were responded to in a timely manner, often on the same day.

Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Patients received reminders by telephone when they were due for recalls or reviews. Post procedure literature was available to support patients after they had received treatment. Information about emergency treatment was made available to patients. A practice leaflet was available in reception to explain to patients about the services provided. Costs were clearly displayed. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported. The practice handled complaints in an open and transparent and way and apologised when things went wrong. The complaints procedure was not readily available for patients to read.

Summary of findings

Are services well-led?

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

The practice provided clear leadership and involved staff in their vision and values. Regular staff meetings took place and these were minuted. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place. Infection control audits were not taking place every six months as required by guidance. Radiation protection documentation required updating to identify those responsible for oversight of equipment and operation of it. The practice sought the views of staff and patients. Health and safety risks had been identified which were monitored and reviewed regularly.

Theydon Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on 22 April 2015 and was conducted by a CQC inspector.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members and their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, including NHS England and Healthwatch. We did not receive any information of concern from them.

During the inspection we spoke with the dentist and a dental nurse and reviewed policies, procedures and other documents. We also spoke with three patients. Prior to the inspection we sent CQC comment cards and on the day of the inspection we reviewed the 16 which had been completed.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had not had any significant events or safety issues since their registration in July 2013. They had only received one complaint in the last 12 months. Systems were in place to record any such incidents. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice managers. Forms were available for this purpose.

We looked at the one complaint they had received in the last twelve months and found that it had been recorded, analysed, investigated and learning had been identified. We found that the complainant had been written to in a timely manner and the practice displayed a duty of candour, offering an explanation, an apology and being open and transparent about the issues that had been raised. The learning identified resulted in amendments to their stock ordering process to prevent a reoccurrence of the issue leading to the complaint.

Staff meetings took place monthly and although there were no other incidents to comment upon, we were satisfied that the meetings were being used to cascade relevant safety information to staff.

The practice responded to national patient safety and medicines alerts that affected the dental profession. These were received by the dentist who acted on them appropriately. On speaking with them they displayed a satisfactory knowledge of the alerts that affected dental practices.

A medical history record was taken from each patient and updated each time they attended. These were in hard copy and recorded on the patient record on their IT system. Paper records reflected that medical histories were being updated and they had been dated and signed.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage. They also included the type of first aid required if a person was exposed to the hazard.

Reliable safety systems and processes (including safeguarding)

All staff at the practice were trained in safeguarding and the dentist was the identified lead for safeguarding. The lead had received an appropriate level of safeguarding training to enable them to carry out the role. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a vulnerable child or adult. A policy was in place for staff to refer to. Information was available that contained telephone numbers of who to contact outside of the practice if there was a need, such as the local authority responsible for investigations. There had been no safeguarding incidents since they had registered in 2013.

Staff spoken with on the day of the inspection were aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentist. However they felt confident that any issue would be taken seriously and action taken.

Medical emergencies

Emergency medicines, a first aid kit and oxygen were readily available if required. This was in line with the 'Resuscitation Council UK' and 'British National Formulary' guidelines. All staff had been trained in basic life support and had attended a course on managing medical emergencies in dental practices. The two staff files we looked at reflected that this training took place within the last six months. All emergency equipment was readily available and staff knew how to access it. We checked the emergency equipment and medicines and found that it contained the recommended type and it was all in date. A system was in place to check it regularly for stock control and expiry date purposes and records had been kept.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant , references and whether a Disclosure and Barring Service check was required. We looked at two staff files and found that the process had been followed. Each file contained the necessary documentation to confirm that staff were suitably trained and qualified.

Are services safe?

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, staff were able to cover for each other. On the rare occasion this was not possible agency staff were used and their skills and qualifications checked before being allowed to work at the practice.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This covered the risk to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Regular health and safety audits took place at the practice to ensure the environment was safe for both patients and staff. These took place on a daily basis using a checklist. Records had been kept. We looked at the records for the last three months and found that they had been completed. Where issues had been identified remedial action had been taken in a timely manner.

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

The practice had an induction process for all new staff members and this included familiarisation with health and safety issues. We spoke with one member of staff who had been recently employed at the practice. They told us that they had undertaken an induction period and had been supervised by the dentist. They explained the types of areas being covered and this assured us that new staff were being monitored and supervised to ensure they were familiar with the procedures in place at the practice.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place and a a dental nurse had been identified as the infection control lead. The policy clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice.

There were checklists available for staff to follow for the surgeries and the general areas of the practice. We looked at records dating back several months and found they were completed to a satisfactory standard Records held reflected that the quality of the cleaning was being monitored and feedback given accordingly.

An infection control audit had been carried out in April 2014 but not since then. The Department of Health guidelines state that one should be completed every six months. The practice have undertaken to carry one out in the near future. Where areas for improvement had been identified, these had been recorded then actioned.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises and hand washing techniques were displayed in the toilet facilities and the surgeries. Sharps bins were properly located, signed and dated and not overfilled. A clinical waste contract was in place and waste was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

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

The decontamination room was small at the practice and there was insufficient space to install separate cleaning and rinsing sinks. The practice therefore cleaned their instruments in the surgeries and transferred them in a sealed box to the decontamination room. There they were rinsed and examined visually with a magnifying glass to ensure they were clean before sterilising in an autoclave. At the end of the sterilising procedure the instruments were dried then correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all contained an expiry date that met the recommendations from the Department of Health.

The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross

contamination. Staff wore appropriate personal protective equipment during the cleaning and sterilising process and these included disposable gloves, aprons and protective eye wear.

The autoclave used for sterilising was maintained and serviced as set out by the manufacturer's guidance. Daily, weekly and monthly records were kept of operating cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

We found that record keeping in relation to the general cleaning of the premises, the surgeries, the decontamination procedures and autoclave testing and daily procedures were maintained to a high standard.

Staff spoken with told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. Patients we spoke with told us that the dentist and dental nurse always wore personal protective equipment when carrying out consultations and treatment.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply (legionella is a term for particular bacteria which can contaminate water systems in buildings). This included maintaining records and checking on the hot and cold water temperatures achieved. An external contractor attended annually to ensure that procedures were in place to reduce the risk to staff or patients.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate and review all X-ray equipment to ensure they were operating safely. The most recent report dated February 2014 highlighted a few minor improvements. It was not clear whether the recommendations for improvements had been followed up by the practice as these had not been recorded. We discussed this with the practice on the day of the inspection. The practice then contacted us a few days after the inspection to inform us they had now been actioned.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use and these were rotated regularly. The ordering system was effective. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Oxygen was readily available and stored appropriately. Records held reflected that it was being serviced and tested regularly and on an annual basis, the last occasion being May 2014.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were clearly displayed. Staff had signed a document to indicate that they had read the X-ray procedure and local rules to ensure the safe use of the equipment.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. X-ray equipment had recently been critically examined and a certificate of compliance was in place that expired in February 2016.

We found that although we were assured that appropriate risk assessments had taken place and that X-ray equipment had been installed correctly, the details of persons qualified to use the equipment had not been updated since the previous registration with us. We have asked the practice to review the radiation protection documentation and to bring it up to date so it adequately reflects the current staff at the practice. This included updating the local rules in place at the practice which apply to the use of X-ray equipment. We were contacted by the practice a few days later and they informed us that this had now been actioned.

The practice provided documentation demonstrating that the X-ray equipment in use had been serviced at

Are services safe?

recommended intervals. The latest service was due in the near future. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays on a daily basis and records were being maintained. In addition a sample of patient records were audited every three months. No issues with the quality of the X-rays were apparent.

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations and assessments in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

The assessment included the patient completing a medical history form which was updated at subsequent visits. This included disclosing any health conditions, medicines being taken and any allergies suffered.

Following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. A diagnosis was then discussed with the patient and treatment options explained in detail. Care was taken to ensure X-rays were not taken if a patient was or may be pregnant.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient notes were updated with the proposed treatment after discussing options with the patient. A written treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

In each surgery a monitor was available for patients to look at their X-rays so they could see the condition of their teeth. This supported them in understanding their oral health diagnosis and why the treatment was necessary, The dentist told us that after a course of treatment they were able to show the patient the outcomes to encourage them to maintain their the condition of their teeth in the future.

For some treatments such as extractions, patients were provided with written post-procedure care instructions to support them to recover from the treatment and to provide information about the care required after a procedure.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice after it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area of the practice contained literature that explained the services offered at the practice in addition to information about effective dental hygiene, diet and how to reduce the risk of poor dental health. Dental products were available for patients to purchase.

The dentist we spoke with confirmed that adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. The dentist was aware of the NHS England publication for delivering better oral health which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. CQC comment cards that we viewed reflected that parents were satisfied with the services provided for their children and they had made positive comments about the advice they received. The dentist told us that their focus was on the prevention of tooth decay.

Staffing

The practice employed one dentist, supported by a dental nurse, a receptionist also training to be a dental nurse. A dental hygienist attended the practice once each month. The dental nurse often acted as a receptionist during periods of staff shortage. The dental nurse was appropriately trained and registered with their professional body. They were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels and records of the number of hours achieved was being maintained.

Are services effective?

(for example, treatment is effective)

Staff training was being monitored effectively and staff had been trained to meet the needs of patients. All staff had received training in basic life support, managing emergencies in dental practices and safeguarding. All staff had attended a communications course to enable them to improve their communication skills when talking with patients.

An annual staff appraisal process was in place. At the time of our inspection only one member of staff had been employed there for a year and was due for an appraisal. This member of staff had completed a feedback document prior to their appraisal identifying their performance and training and development needs. They were due imminently for an appraisal interview with the dentist which was taking place after their return from annual leave.

Staff new to the practice went through a role specific induction process. We spoke with a dental nurse new to the practice. They told us they had been through an induction process, overseen by the dentist, to ensure they understood how the practice ran. This included familiarisation with health and safety procedures. They told us they felt supported and enjoyed working at the practice.

Staff numbers were monitored and identified staff shortages were planned for in advance wherever possible. On rare occasions, a locum dentist was used at the practice due to staff shortages. A system was in place to ensure that appropriate checks were being made to ensure they were suitably qualified and experienced.

Staff had access to the practice policies which contained information that further supported them in the workplace. The policies had been signed and dated by staff members to reflect they had read and understood their contents.

Staff meetings were held monthly and these were used to provide refresher training, an understanding of the health and social care regulations and how they applied to dentistry and to remind staff about health and safety procedures at the practice.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included conscious sedation for nervous patients.

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 experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

For implant treatments, a dentist attended from another practice and they specialised in this area of dentistry. This enabled patients to be treated at their own practice.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to identify a hospital of their choice. The referral was then dealt with centrally by the NHS to ensure that the most appropriate clinical pathway was followed.

Consent to care and treatment

The practice had a consent policy and this had been signed as read and understood by all staff working at the practice. It explained the different types of consent a patient could give and whether it could be taken verbally or in writing. Staff we spoke with told us they had read the policy and they had ready access to it.

The dentist we spoke with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time. They were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence. They told us that children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test.

The dentist obtained verbal or written consent depending on the type of treatment involved. The majority of consent was taken in writing on the written treatment plan that was signed by the patient. This made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment required, including the risks, benefits and options. Costs were clear in the treatment plan.

Are services effective?

(for example, treatment is effective)

The dentist we spoke with explained how they would take consent from a patient if their mental capacity was such that they might be unable to fully understand the implications of their treatment. They told us that they had a number of patients with early stage dementia who attended with relatives or carers and they involved them and explained treatments in a way they understood. They said if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that when a confidential matter arose, a private room was available for use.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. We observed the inter action between staff and patients and found that confidentiality was being maintained. Records were held securely.

We noted on the day of the inspection that one of the surgery doors could not be closed properly and this meant that conversations could be overheard in the reception area. We have since been advised that the door has been repaired.

Patients we spoke with felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. One patient told us they were nervous about seeing the dentist but had been reassured on each occasion making their experience less stressful. CQC comment cards we viewed reflected that patients were very satisfied with the way staff treated them at the practice.

Involvement in decisions about care and treatment

Patients we spoke with told us that the dentist listened to them and they felt involved with the decisions about their care and treatment. They told us that consultations and treatment were explained to them in a way they understood, followed up by a written treatment that was clear and that explained the costs involved.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed. We were told that patients receiving the more complex treatments were often followed up with a phone call to check on their welfare.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet described the range of services offered to patients. These included general and cosmetic dentistry.

Appointment times and availability met the needs of patients. The practice was open from 8.30am to 5.30pm on Mondays and from 8.30am to 3.30pm on all other weekdays. Patients with emergencies were assessed and seen the same day if treatment was urgent. Some appointments were available Saturday mornings. Patients requiring emergency treatment out of hours could call a dedicated telephone number and discuss their needs with the dentist. They were assessed and if necessary the dentist would attend and see them at the practice or provide advice and arrange a consultation as soon as possible. An arrangement was in place with another dentist so that emergencies could be covered by them if the dentist was unable to deal with an emergency for any reason.

Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one.

The practice had recently given questionnaires to patients as part of a patient survey. One had not been conducted since registration in July 2013. The questionnaire asked patients to score the practice across key areas such as friendliness of staff, the quality of the dentistry and time keeping. An analysis of the feedback will follow in due course.

Tackling inequity and promoting equality

The practice was accessible for those patients with limited mobility, wheelchair users or parents with prams. A separate door was available to them with a ramp that afforded easy access. A toilet for the disabled was also available. The reception and waiting room area were very spacious.

The practice was situated in a residential road and the surgeries were on the ground floor. Practice staff were aware of the patients that attended with limited mobility and told us they supported them when they arrived. Parking was available at the front of the practice.

The practice had an equality and diversity policy that staff were required to read. This supported them in understanding the different types of cultures and beliefs of some of their patients.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen the same day if necessary. Saturday appointments were available.

Patients we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting. They said they had no problems obtaining an appointment of their choice. The practice had started telephoning their patients to remind them they were due for a scheduled check-up.

The arrangements for obtaining emergency dental treatment were clearly displayed in the waiting room area and in the practice booklet. The dentists told us that for urgent matters they would see patients out of surgery hours and the support of another dentist was available for this purpose if they were unavailable.

Staff we spoke with told us that patients could access appointments when they wanted them and patients we spoke with and comment cards we viewed confirmed this.

Concerns & complaints

The practice had a complaint procedure and policy. Staff we spoke with were aware of the procedure to follow if they received a complaint and forms were available for the purpose.

The procedure explained to patients the process to follow, the timescales involved for investigation, the person responsible for handling the matter and details of other external organisations that a complainant could contact.

However the procedure was not readily available for patients to read either in the practice leaflet or displayed in the reception area. The practice agreed to make this available for patients and informed us that it is now on display in the reception area.

We looked at the one complaint that had been received in the last 12 months. We found it had been recorded and investigated and the complainant written to in a timely manner. Steps had been taken to resolve the issue to the

Are services responsive to people's needs?

(for example, to feedback?)

patient's satisfaction and a suitable apology and an explanation had been provided. It was evident form this record that the practice had been open and transparent. We spoke with the patient who had made the complaint. They told us they were completely satisfied with the way it had been handled and the explanation provided.

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

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Governance arrangements

The practice had a small number of staff but governance arrangements were robust. There was one dentist working at the practice who was responsible for information governance. A five year business plan was in place and this had been shared with staff. This included upgrading IT equipment, replacing flooring in the surgeries and expansion of the patient population.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff we spoke with were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, patient records, oral health assessments, and X-ray quality. We looked at a small sample of all of them. The latter was carried out by the dentist qualified to do so and this involved grading the quality of the X-rays to ensure they had been taken correctly. Where areas for improvement had been identified action had been taken. There was evidence of repeat audits every three months and these reflected that standards and improvements were being maintained.

The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock of them and they were all in date. Records had been kept of the checking process.

Leadership, openness and transparency

The dentist at the practice set standards and ensured they were maintained. Staff were involved and regular team meetings took place. We looked at the records of the team meetings and found that minutes were not recorded in detail and this was an area for improvement. However we did find that staff spoken with were aware of all relevant safety and quality issues including learning.

The one complaint recorded for the last 12 months reflected that the practice had been open when it had made a mistake, a suitable apology offered and explanations were transparent.

Staff spoken with told us that the dentist encouraged them to report safety issues and they felt confident to raise any concerns they had. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

All staff were aware of who to raise any issue with and were confident that it would be acted on appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

Regular staff meetings took place and all relevant information cascaded to them. Prior to meetings staff were encouraged to consider items for the agenda and meetings were used positively to identify learning and improvement measures.

The meetings were used pro-actively for learning and there was an agenda for the year in place. Each month a new learning topic was planned that included training, policies and understanding the health and social care regulations.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice.

A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

The practice had conducted a recent patient survey by asking patients to complete a questionnaire about the services they provided. The results of this survey were in the process of being analysed so this was not available on the day of our inspection.

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

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

The practice maintained a folder containing letters of thanks and testimonials from satisfied patients. We looked at 10 letters/cards that had been received and they all contained positive feedback that reflected that patients were satisfied with the quality of the services provided.

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